

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088416

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** ROCA DIAGNOSTIC LABORATORY, INC.

**Current Principal Place of Business:**

3380 SE LAKE WEIR RD  
UNIT F  
OCALA, FL 34471

**New Principal Place of Business:**

4081 SW 47TH AVENUE  
DAVIE, FL 33314 UN

**Current Mailing Address:**

4081 SW 47TH AVENUE  
SUITE 1-4  
DAVIE, FL 33314

**New Mailing Address:**

4380 FEDERAL DRIVE  
SUITE 100  
GREENSBORO, NC 27410 UN

**FEI Number:** 59-3472941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEAVIL, DAVID C PRES  
4081 SW 47TH AVENUE  
SUITE 1-4  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** PAUL SOLOMON - SECRETARY/CFO

04/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** WEAVIL, DAVID C  
**Address:** 4380 FEDERAL DRIVE; SUITE 100  
**City-St-Zip:** GREENSBORO, NC 27410 UN

**Title:** SECR  
**Name:** SOLOMON, PAUL  
**Address:** 4380 FEDERAL DRIVE; SUITE 100  
**City-St-Zip:** GREENSBORO, NC 27410 UN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PAUL SOLOMON

SECR

04/11/2012

Electronic Signature of Signing Officer or Director

Date