

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000101643

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** DIMENSIONAL DOSING SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

2465 DOGWOOD DRIVE  
WEXFORD, PA 15090

**New Principal Place of Business:**

**Current Mailing Address:**

2465 DOGWOOD DRIVE  
WEXFORD, PA 15090

**New Mailing Address:**

**FEI Number:** 65-0879041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETTERTON, GREG A P.A.  
735 EAST VENICE AVENUE  
SUITE 200  
VENICE, FL 34285 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BETTERTON, GREG  
Address: 625 APALACHICOLA  
City-St-Zip: VENICE, FL 38285

Title: D  
Name: LEFROCK, JACK MD  
Address: 647 WATERSIDE WAY  
City-St-Zip: SARASOTA, FL 34242

Title: PCEO  
Name: MCMICHAEL, JOHN P  
Address: 2465 DOGWOOD DRIVE  
City-St-Zip: WEXFORD, PA 15090

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: JOHN MCMICHAEL

PCEO

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date