

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000104325

Entity Name: FIRST DIAGNOSTIC INC.

**FILED**  
**Mar 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

159 SABAL PALM DRIVE  
SUITE 106  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

159 SABAL PALM DRIVE  
SUITE 106  
LONGWOOD, FL 32779 US

**New Mailing Address:**

FEI Number: 59-3611089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEATHERWAX, ROBERT S DC  
490 N. PIN OAK PLACE  
UNIT 200  
LONGWOOD, FL 32779 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: P  
Name: WEATHERWAX, ROBERT S DC  
Address: 490 N PIN OAK PLACE, UNIT 200  
City-St-Zip: LONGWOOD, FL 32779

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: ROBERT WEATHERWAX

P

03/20/2011

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

\_\_\_\_\_  
Date