

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005601

**Entity Name:** NATIONAL DIAGNOSTICS, INC.**Current Principal Place of Business:**6407 IDLEWILD ROAD  
SUITE 200  
CHARLOTTE, NC 28212**Current Mailing Address:**6407 IDLEWILD ROAD  
SUITE 200  
CHARLOTTE, NC 28212**FEI Number:** 56-1717132**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEOP
Name	PETRULLO, MICHAEL
Address	400N 7799 LEESBURG PIKE
City-State-Zip:	FALLS CHURCH VA 22043

Title	VPS
Name	FONTAINE, DAVID R
Address	400N 7799 LEESBURG PIKE
City-State-Zip:	FALLS CHURCH VA 22043

Title	VPASD
Name	SIMMONS, KEITH R
Address	400N 7799 LEESBURG PIKE
City-State-Zip:	FALLS CHURCH VA 22043

Title	AS
Name	FREEMAN, GREGG
Address	400N LEESBURG PIKE
City-State-Zip:	FALLS CHURCH VA 22043

Title	TREASURER, DIRECTOR
Name	BERNIUS, KEITH E.
Address	400N 7799 LEESBURG PIKE
City-State-Zip:	FALLS CHURCH VA 22043

*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:** DAVID R. FONTAINE**SECRETARY****04/16/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date