

2015 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	FENNELLY, JOHN
Address	3349 MICHELSON DR. STE 150
City-State-Zip:	IRVINE CA 92612

Title	SVP/S
Name	FONTAINE, DAVID R
Address	1707 L STREET NW STE 700
City-State-Zip:	WASHINGTON DC 20036

Title	VPASD
Name	SIMMONS, KEITH R
Address	11440 COMMERCE PARK DR. STE 501
City-State-Zip:	RESTON VA 20191

Title	AS
Name	FREEMAN, GREGG
Address	3349 MICHELSON DR. STE 150
City-State-Zip:	IRVINE CA 92612

Title	SVP/T
Name	DUBOW, JOSEPH
Address	600 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10016

Title	D
Name	CAMPBELL, JEFFERY S
Address	600 THIRD AVENUE
City-State-Zip:	NEW YORK NY 10016

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****04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date