

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001019

**FILED**  
**Mar 29, 2013**  
**Secretary of State**  
**CC1840364856**

**Entity Name:** GALAXY DIAGNOSTICS, INC.

**Current Principal Place of Business:**

7030 KIT CREEK RD SUITE 270  
RESEARCH TRIANGLE PARK, NC 27560

**Current Mailing Address:**

PO BOX 14346  
RESEARCH TRIANGLE PARK, NC 27709

**FEI Number: 28-1496513**

**Certificate of Status Desired: No**

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

AGENTS AND CORPORATIONS, INC.  
300 5TH AVE S, SUITE 101-330  
NAPLES, FL 34102 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 PD  
Name ELAM, AMANDA  
Address 7030 KIT CREEK RD SUITE 270  
City-State-Zip: RESEARCH TRIANGLE PARK NC 27560

Title CH  
Name BREITSCHWERDT, EDWARD  
Address 1060 WILLIAM MOORE DR ROOM 462A  
City-State-Zip: RALEIGH NC 27607

Title D  
Name MAGGI, RICARDO G  
Address 1060 WILLIAM MOORE DR ROOM 426A  
City-State-Zip: RALEIGH NC 27607

*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: AMANDA ELAM**

**PRESIDENT**

**03/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date