

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001019

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

**Current Principal Place of Business:**

7020 KIT CREEK RD SUITE 130  
RESEARCH TRIANGLE PARK, NC 27560

**Current Mailing Address:**

PO BOX 14346  
RESEARCH TRIANGLE PARK, NC 27709

**FEI Number: 26-1496513**

**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 DR.  
Address 7020 KIT CREEK RD SUITE 130  
RESEARCH TRIANGLE PARK  
City-State-Zip: MORRISVILLE NC 27560

Title CSO, D  
Name BREITSCHWERDT, EDWARD  
Address 7020 KIT CREEK ROAD SUITE 130  
RESEARCH TRIANGLE PARK  
City-State-Zip: MORRISVILLE NC 27560

Title CTO  
Name MAGGI, RICARDO G  
Address 7020 KIT CREEK ROAD  
RESEARCH TRIANGLE PARK SUITE  
130  
City-State-Zip: MORRISVILLE NC 27560

Title CFO  
Name BOUCHER, BRUCE  
Address 7020 KIT CREEK RD SUITE 130  
City-State-Zip: RESEARCH TRIANGLE PARK NC  
27560

*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: BRUCE BOUCHER**

**CFO**

**04/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date