

2017 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 ELAM, AMANDA DR.
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: AMANDA ELAM

PRESIDENT

01/16/2017

Electronic Signature of Signing Officer/Director Detail

Date