## 2019 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title **PRESIDENT** Title CHIEF SCIENCE OFFICER ELAM, AMANDA BREITSCHWERDT, EDWARD Name Name

7020 KIT CREEK RD SUITE 130 Address Address 7020 KIT CREEK ROAD SUITE 130 RESEARCH TRIANGLE PARK

RESEARCH TRIANGLE PARK

**FILED** Jun 13, 2019

**Secretary of State** 

9567792524CC

City-State-Zip: MORRISVILLE NC 27560 City-State-Zip: MORRISVILLE NC 27560

Title CHIEF TECHNOLOGY OFFICER

Name MAGGI, RICARDO G

Address 7020 KIT CREEK ROAD

RESEARCH TRIANGLE PARK SUITE

SIGNATURE: AMANDA ELAM

MORRISVILLE NC 27560 City-State-Zip:

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.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT/CEO

06/13/2019

Date