

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003682

**Entity Name:** HEALTH DIAGNOSTIC LABORATORY, INC.

**Current Principal Place of Business:**

737 N. 5TH STREET  
SUITE 103  
RICHMOND, VA 23219

**Current Mailing Address:**

737 N. 5TH STREET  
SUITE 103  
RICHMOND, VA 23219

**FEI Number: 26-3740119**

**Certificate of Status Desired:** Yes

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR  
STE A  
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 D  
Name MALLORY, TONYA S  
Address 737 N. 5TH STREET, SUITE 103  
City-State-Zip: RICHMOND VA 23219

Title PS  
Name MALLORY, TONYA S  
Address 7 N. 5TH STREET, SUITE 103  
City-State-Zip: RICHMOND VA 23219

Title D  
Name MCCONNELL, JOSEPH  
Address 737 N. 5TH STREET, SUITE 103  
City-State-Zip: RICHMOND VA 23219

Title T  
Name CARROLL, STEPHEN G  
Address 7 N 5TH STREET, SUITE 103  
City-State-Zip: RICHMOND VA 23219

*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: TONYA S. MALLORY**

**PRESIDENT**

**01/06/2014**

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

\_\_\_\_\_  
Date