

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000000365

Entity Name: INSOURCE DIAGNOSTICS CORP.**Current Principal Place of Business:**231 W CHESTNUT AVE.
MONROVIA, CA 91016**Current Mailing Address:**231 W CHESTNUT AVE.
MONROVIA, CA 91016 US**FEI Number:** 90-0846537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS CT., SUITE A
TAMPA, FL 33612 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 | CHRM |
| Name | COUNTRYMAN, SKY |
| Address | 231 W CHESTNUT AVE. |
| City-State-Zip: | MONROVIA CA 91016 |

| | |
|-----------------|---------------------|
| Title | P |
| Name | COUNTRYMAN, SKY |
| Address | 231 W CHESTNUT AVE. |
| City-State-Zip: | MONROVIA CA 91016 |

| | |
|-----------------|---------------------|
| Title | VCHR |
| Name | KWAK, ERIC |
| Address | 231 W CHESTNUT AVE. |
| City-State-Zip: | MONROVIA CA 91016 |

| | |
|-----------------|---------------------|
| Title | VP |
| Name | KWAK, ERIC |
| Address | 231 W CHESTNUT AVE. |
| City-State-Zip: | MONROVIA CA 91016 |

| | |
|-----------------|---------------------|
| Title | STD |
| Name | RUMMEL, MICHAEL |
| Address | 231 W CHESTNUT AVE. |
| City-State-Zip: | MONROVIA CA 91016 |

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: MICHAEL RUMMEL**COO****02/14/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date