


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90040 027 \*\*\*158.75

**DOCUMENT # P04000113162**

1. Entity Name  
 CLINICAL DIAGNOSTIC SOLUTIONS, INC.



Principal Place of Business  
 C/O DEBORAH R. MAYO  
 200 SOUTH BISCAYNE BLVD., SUITE 2500  
 MIAMI, FL 33131

Mailing Address  
 C/O DEBORAH R. MAYO  
 200 SOUTH BISCAYNE BLVD., SUITE 2500  
 MIAMI, FL 33131

2. Principal Place of Business  
 1800 NW 65<sup>TH</sup> AVE.  
 Suite, Apt. #, etc.

3. Mailing Address  
 1800 NW 65<sup>TH</sup> AVE.  
 Suite, Apt. #, etc.

City & State  
 Plantation FL

City & State  
 Plantation FL

Zip  
 33313

Country  
 Broward

Zip  
 33313

Country  
 Broward

01052005 Chg-P CR2E034 (10/03)

4. FEI Number  
 20-1792965

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYO, DEBORAH R  
 200 SOUTH BISCAYNE BOULEVARD  
 SUITE 2500  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

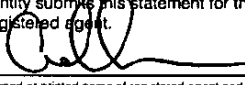
Name  
 ANDREW C. SWANSON

Street Address (P.O. Box Number is Not Acceptable)  
 1800 NW 65<sup>TH</sup> AVE.

City  
 Plantation FL

Zip Code  
 33313

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  ANDREW C SWANSON 1-5-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, HAROLD R C/O 1660 NW 65TH AVENUE, SUITE 2 PLANTATION, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLTEUS, HANS C/O P.O. BOX 42056 SE-126 13 STOCKHOLM, SWEDEN;	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, ANDREW C C/O 1660 NW 65TH AVENUE, SUITE 2 PLANTATION, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTMAN, ERNST C/O P.O. BOX 42056 SE-126 13 STOCKHOLM, SWEDEN,	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12640 MAGNOLIA CT. CORAL SPRINGS, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1137 LAGUNA SPRINGS DR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  ANDREW C. SWANSON 1-5-05 954-791-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X125