
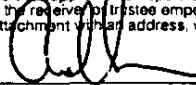


**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90030 033 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

|  |                                   |  |   |  |  |
|--|-----------------------------------|--|---|--|--|
| DOCUMENT # P04000113162  |                                   |  |   |         |  |
| 1. Entity Name<br>CLINICAL DIAGNOSTIC SOLUTIONS, INC.  |                                   |  |   |  |  |
| Principal Place of Business<br>1800 NW 65TH AVE<br>PLANTATION, FL 33313  |                                   | Mailing Address<br>1800 NW 65TH AVE<br>PLANTATION, FL 33313                      |   |  |  |
| 2. Principal Place of Business   |                                   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                                   | City & State   |   |  |  |
| Zip  | Country                           | Zip  | Country   | 4. FEI Number<br>20-1792965  |  |
|  |                                   |  |   | Applied For<br>Not Applicable  |  |
|  |                                   |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                                   |  | 7. Name and Address of New Registered Agent                       |  |  |
| SWANSON, ANDREW C<br>1800 NW 65TH AVE<br>PLANTATION, FL 33313  |                                   |  | Name  |  |  |
|  |                                   |  | Street Address (P.O. Box Number is Not Acceptable)                |  |  |
|  |                                   |  | City  |  |  |
|  |                                   |  | FL  | Zip Code   |  |
| 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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____  |                                   |  |   |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00  |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS   |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |  |  |
| TITLE  | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | CREWS, HAROLD R                   | NAME   |   |  |  |
| STREET ADDRESS   | 12640 MAGNOLIA CT                 | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  | CORAL SPRINGS, FL 33070           | CITY-ST-ZIP  |   |  |  |
| TITLE  | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | GOLTEUS, HANS                     | NAME   |   |  |  |
| STREET ADDRESS   | C/O P.O. BOX 42056 SE-126 13      | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  | STOCKHOLM, SWEDEN,                | CITY-ST-ZIP  |   |  |  |
| TITLE  | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | SWANSON, ANDREW C                 | NAME   |   |  |  |
| STREET ADDRESS   | 1137 LAGUNA SPRINGS DR            | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  | WESTON, FL 33326                  | CITY-ST-ZIP  |   |  |  |
| TITLE  | D <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   | WESTMAN, ERNST                    | NAME   |   |  |  |
| STREET ADDRESS   | C/O P.O. BOX 42056 SE-126 13      | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  | STOCKHOLM, SWEDEN,                | CITY-ST-ZIP  |   |  |  |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                   | NAME   |   |  |  |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |  |  |
| TITLE  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME   |                                   | NAME   |   |  |  |
| STREET ADDRESS   |                                   | STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP  |   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 to this address, with all other like empowered. |                                   |  |   |  |  |
| SIGNATURE:    |                                   | ANDREW C. SWANSON President/CEO  |   | 4/10/06 954-791-1773 x 25  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   | Date   |   | Daytime Phone #  |  |

ATTACHMENT

40093468  
#104000113162

09648

| REFERENCE NO. | DESCRIPTION | INVOICED DATE | INVOICE AMOUNT | DISCOUNT TAKEN | AMOUNT PAID |
|---------------|-------------|---------------|----------------|----------------|-------------|
|---------------|-------------|---------------|----------------|----------------|-------------|

Licenses Expense

150.00

| CHECK DATE | CHECK NO. | PAYEE | DISCOUNT TAKEN | CHECK AMOUNT |
|------------|-----------|-------|----------------|--------------|
|------------|-----------|-------|----------------|--------------|

4/10/06

9648

Florida Department of State

\$150.00

ATTACHMENT



ATTACHMENT

40093468

April 12, 2006

Division of Corporations  
P.O.Box 1500  
Tallahassee, FL 32302-1500

Ref: Document #P04000113162  
Clinical Diagnostics Solutions  
FEI # 20-1792965

Dear Sirs:

Enclosed is the 2006 Annual Report for filing. We inadvertently mailed our check # 9648 dated 4/10/06 in the amount of \$150.00 without attaching the return.

If you have any questions or problems with identifying our payment for the filing fee against our Return, please contact me immediately. I can be reached at 1-800-453-3328, ext. 109.

Thank you for your attention to this matter.

Sincerely,

Lynette Leon  
Corporate Controller