


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000113162 1. Entity Name CLINICAL DIAGNOSTIC SOLUTIONS, INC.	
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Principal Place of Business 1800 NW 65TH AVE PLANTATION, FL 33313	Mailing Address 1800 NW 65TH AVE PLANTATION, FL 33313
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1792965	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWANSON, ANDREW C 1800 NW 65TH AVE PLANTATION, FL 33313
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREWS, HAROLD R 12640 MAGNOLIA CT CORAL SPRINGS, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLTEUS, HANS C/O P.O. BOX 42056 SE-126 13 STOCKHOLM, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, ANDREW C 1137 LAGUNA SPRINGS DR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTMAN, ERNST C/O P.O. BOX 42056 SE-126 13 STOCKHOLM, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/03/07-80065-004 158.75

DO NOT WRITE IN THIS SPACE

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 with an address, with all other like empowered.

SIGNATURE:  Andrew C Swanson 3-21-07 954-791-1773

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