


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 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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DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1792965	Applied For Not Applicable
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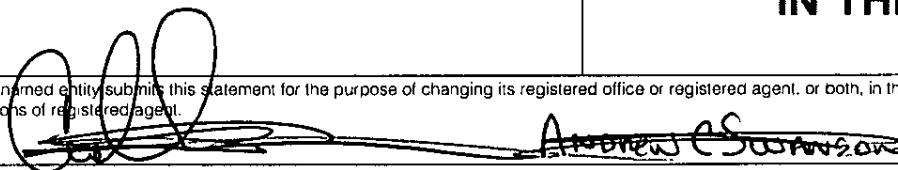
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SWANSON, ANDREW C
 1800 NW 65TH AVE
 PLANTATION, FL 33313

DO NOT WRITE IN THIS SPACE

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 DATE: 4-21-08

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, 2008 Fee will be \$550.00

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

U00000915727
 05/09/08-80027-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CREWS, HAROLD R
STREET ADDRESS	12640 MAGNOLIA CT
CITY - ST - ZIP	CORAL SPRINGS, FL 33070
TITLE	D
NAME	GOLTEUS, HANS
STREET ADDRESS	C/O P.O. BOX 42056 SE-126 13
CITY - ST - ZIP	STOCKHOLM, SWEDEN,
TITLE	D
NAME	SWANSON, ANDREW C
STREET ADDRESS	1137 LAGUNA SPRINGS DR
CITY - ST - ZIP	WESTON, FL 33326
TITLE	D
NAME	WESTMAN, ERNST
STREET ADDRESS	C/O P.O. BOX 42056 SE-126 13
CITY - ST - ZIP	STOCKHOLM, SWEDEN,
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 DATE: 4-21-08

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