

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113162

FILED
Apr 08, 2009
Secretary of State

Entity Name: CLINICAL DIAGNOSTIC SOLUTIONS, INC.

Current Principal Place of Business:

1800 NW 65TH AVE
PLANTATION, FL 33313

New Principal Place of Business:

Current Mailing Address:

1800 NW 65TH AVE
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 20-1792965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CREWS, HAROLD R
Address: 12640 MAGNOLIA CT
City-St-Zip: CORAL SPRINGS, FL 33070

Title: D () Delete
Name: GOLTEUS, HANS
Address: C/O P.O. BOX 42056 SE-126 13
City-St-Zip: STOCKHOLM, SWEDEN,

Title: D () Delete
Name: SWANSON, ANDREW C
Address: 1137 LAGUNA SPRINGS DR
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: WESTMAN, ERNST
Address: C/O P.O. BOX 42056 SE-126 13
City-St-Zip: STOCKHOLM, SWEDEN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDREW C SWANSON

D

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date