

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113162

FILED
Apr 20, 2011
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:

1800 NW 65TH AVE
PLANTATION, FL 33313 US

Current Mailing Address:

1800 NW 65TH AVE
PLANTATION, FL 33313

New Mailing Address:

1800 NW 65TH AVE
PLANTATION, FL 33313 US

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

OFFICERS AND DIRECTORS:

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

Title: D
Name: OLSSON, THOMAS
Address: C/O P.O. BOX 42056 SE-126 13
City-St-Zip: STOCKHOLM, OC 33313 US

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

Title: D
Name: WESTMAN, ERNST
Address: C/O P.O. BOX 42056 SE-126 13
City-St-Zip: STOCKHOLM, OC 33313 US

I hereby 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 all other like empowered.

SIGNATURE: ANDREW C. SWANSON

PRES

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date