

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113162

Entity Name: CLINICAL DIAGNOSTIC SOLUTIONS, INC.

Current Principal Place of Business:

1800 NW 65TH AVE
PLANTATION, FL 33313

Current Mailing Address:

1800 NW 65TH AVE
PLANTATION, FL 33313 US

FEI Number: 20-1792965

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FREDRIK, ALPSTEN
1800 NW 65TH AVE
PLANTATION, FL 33313 US

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: FREDRIK ALPSTEN

03/25/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title D
Name FREDRIK, ALPSTEN
Address 1800 NW 65TH AVENUE
City-State-Zip: PLANTATION FL 33303

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

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: ERNST WESTMAN

PRESIDENT

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date