

**2024 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:**

WILSON, KARLENE  
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:** KARLENE WILSON

01/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | CEO                 | Title           | CFO                 |
| Name            | SODERQVIST, JESPER  | Name            | LEMBRER, HOLGER     |
| Address         | 1800 NW 65TH AVE    | Address         | 1800 NW 65TH AVENUE |
| City-State-Zip: | PLANTATION FL 33313 | City-State-Zip: | PLANTATION FL 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:** JESPER SODERQVIST

CEO

01/23/2024

Electronic Signature of Signing Officer/Director Detail

Date