

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

DOCUMENT # J17602

1. Corporation Name

CLINICAL DIAGNOSTIC SYSTEMS, INC.

Principal Place of Business

95 HAYDEN AVE
LEXINGTON MA 02179-
US

Mailing Address

95 HAYDEN AVE
LEXINGTON MA 02179-
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1986

4. FEI Number

59-2677958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 02420 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 02420 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SWETT, GEOFFREY	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEN J LIPPS	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PATRICK MORIARTY	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MARC S LIEBERMAN	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JAMES V LUTHER	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DAVID A KEMBEL	
STREET ADDRESS	95 HAYDEN AVE	
CITY-ST-ZIP	LEXINGTON MA 02173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	02420
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	02420
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	02420
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	02420
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	02420

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

781-402-9000

Daytime Phone #

CR2E034 (11/98)