

2007 FOR PROFIT CORPORATION ANNUAL REPORT


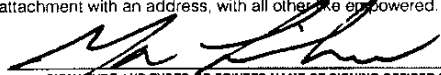
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2007 APR 25 11:10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302007 Chg-P CR2E034 (12/06)

DOCUMENT # J17602			
1. Entity Name CLINICAL DIAGNOSTIC SYSTEMS, INC.			
Principal Place of Business 95 HAYDEN AVE LEXINGTON, MA 02420 US		Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE LEXINGTON, MA 02420 US	
2. Principal Place of Business - No P.O. Box # 920 Winter Street		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Waltham, MA 02451		City & State	
Zip 02451	Country	Zip	Country
4. FEI Number 59-2677958		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 920 Winter Street Waltham, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800101462098 05/04/07--01005--001 **4650.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWCETT, MARK 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 95 HAYDEN AVE LEXINGTON, MA 024209192 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KUERBITZ, RONALD J 95 HAYDEN AVE LEXINGTON, MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition " B. S/2/07
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.			
SIGNATURE: 		Marc S. Lieberman Assistant Treasurer 4/19/07 781-699-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	