
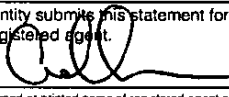
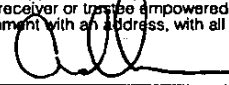


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 027 ***158.75

DOCUMENT # P04000113162 1. Entity Name CLINICAL DIAGNOSTIC SOLUTIONS, INC.			
Principal Place of Business C/O DEBORAH R. MAYO 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131		Mailing Address C/O DEBORAH R. MAYO 200 SOUTH BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131	
2. Principal Place of Business 1800 NW 65TH AVE.		3. Mailing Address 1800 NW 65TH AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Plantation		City & State Plantation	
Zip 33313	Country Broward	Zip 33313	Country Broward
4. FEI Number 20-1792965		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01052005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent MAYO, DEBORAH R 200 SOUTH BISCAYNE BOULEVARD SUITE 2500 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ANDREW C. SWANSON Street Address (P.O. Box Number is Not Acceptable) 1800 NW 65TH AVE. City Plantation FL Zip Code 33313	
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  Andrew C Swanson 1-5-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D <input type="checkbox"/> Delete CREWS, HAROLD R C/O 1660 NW 65TH AVENUE, SUITE 2 PLANTATION, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12640 MAGNOLIA CT. CORAL SPRINGS, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GOLTEUS, HANS C/O P.O. BOX 42056 SE-126 13 STOCKHOLM, SWEDEN;	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SWANSON, ANDREW C C/O 1660 NW 65TH AVENUE, SUITE 2 PLANTATION, FL 33313	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1137 LAGUNA SPRINGS DR WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WESTMAN, ERNST C/O P.O. BOX 42056 SE-126 13 STOCKHOLM, SWEDEN,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 like empowered.			
SIGNATURE:  ANDREW C. SWANSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-5-05 954-791-1773 <small>Date Daytime Phone #</small>	

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