

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000113162

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** CLINICAL DIAGNOSTIC SOLUTIONS, INC.

**Current Principal Place of Business:**

1800 NW 65TH AVE  
PLANTATION, FL 33313 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NW 65TH AVE  
PLANTATION, FL 33313 US

**New Mailing Address:**

**FEI Number:** 20-1792965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SWANSON, ANDREW C  
1800 NW 65TH AVE  
PLANTATION, FL 33313 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

**Title:** D  
**Name:** SWANSON, ANDREW C  
**Address:** 1137 LAGUNA SPRINGS DR  
**City-St-Zip:** WESTON, FL 33326 US

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

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:** ANDREW C. SWANSON

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02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date