

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90052 019 ***150.00

DOCUMENT # P97000085939

1. Corporation Name

CLINICAL DIAGNOSTIC SOLUTIONS, INC.

Principal Place of Business
12177 CLASSIC DRIVE
CORAL SPRINGS FL 33071

Mailing Address
12177 CLASSIC DRIVE
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1997

4. FEI Number

65-0789033

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

9. Name and Address of Current Registered Agent

GRANTHAM, DONALD R
12177 CLASSIC DRIVE
CORAL SPRINGS FL 33071

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

Donald R. Grantham President

Donald R. Grantham

DATE

1/25/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME GRANTHAM, DONALD R
STREET ADDRESS 12177 CLASSIC DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ST ☒ DELETE
NAME GRANTHAM, NANCY M
STREET ADDRESS 12177 CLASSIC DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ~~VP Operations~~ ☒ DELETE
NAME ~~Andrew C. Swanson~~
STREET ADDRESS
CITY-ST-ZIP

TITLE VP Operations ☐ DELETE
NAME Swanson, Andrew C.
STREET ADDRESS 1137 Laguna Springs Dr
CITY-ST-ZIP Weston, FL 33326

TITLE VP Research ☐ DELETE
NAME Dr. Harold R. Crews
STREET ADDRESS 12640 Magnolia Ct
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP Operations ☐ Change ☒ Addition
1.2 NAME Swanson, Andrew C
1.3 STREET ADDRESS 1137 Laguna Springs Dr.
1.4 CITY-ST-ZIP Weston, FL 33326

2.1 TITLE VP Research ☐ Change ☒ Addition
2.2 NAME Dr. Harold R. Crews
2.3 STREET ADDRESS 12640 Magnolia Ct.
2.4 CITY-ST-ZIP Coral Springs, FL 33071

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Donald R. Grantham President

Donald R. Grantham

1/25/99 954-7911713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)