

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90013 040 ***150.00

DOCUMENT # **P97 0000 85939 ✓**

1. Entity Name

Clinical Diagnostic Solutions, INC.

DO NOT WRITE IN THIS SPACE

80093011

2. Principal Place of Business

1660 NW 65th AVE

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

City & State

Plantation

City & State

4. FEI Number

65-0789033

Applied For

Not Applicable

Zip

Country

Broward

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **Andrew C Swanson**

Street Address (P.O. Box number is Not Acceptable)
1137 LAGUNA SPRINGS DR

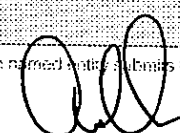
City **Weston**

FL

Zip Code **33326**

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.

SIGNATURE



Andrew C Swanson

4-18-02

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$558.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **President**
NAME **ANDREW C SWANSON**
STREET ADDRESS **1137 LAGUNA SPRINGS DR.**
CITY-STATE-ZIP **Weston, FL 33326**

TITLE **SR. VICE President**
NAME **HAROLD R. CREWS**
STREET ADDRESS **12640 MAGNOLIA CT.**
CITY-STATE-ZIP **CORAL SPRINGS, FL 33071**

TITLE **SR. VICE President**
NAME **DONALD R. GRANTHAM**
STREET ADDRESS **3020 NE 32nd AVE. Apt 1209**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

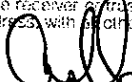
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:



Andrew C Swanson

4-18-02

954-791-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2034B (12/01)