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

05-09-2002 90013 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085939 ✓

1. Entity Name

Clinical Diagnostic Solutions, INC.

DO NOT WRITE IN THIS SPACE

B0093011

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	
1660 NW 65th AVE	Same	65-0789033	Applied For / Not Applicable
Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc.		
City & State Plantation	City & State		
Zip 33313 County Broward	Zip / County	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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 [signature] Andrew C Swanson 4-18-02.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
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-ST-ZIP	Weston, Fl. 33326.
TITLE	SR. Vice President
NAME	Harold R. Crews
STREET ADDRESS	12640 Magnolia Ct.
CITY-ST-ZIP	Coral Springs, Fl. 33071
TITLE	SR. Vice President
NAME	Donald R. Grantham
STREET ADDRESS	3020 NE 32nd Ave. Apt 1209
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33308
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Andrew C Swanson 4-18-02 954-791-1773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #