

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079761

1. Entity Name

DISCOVER DIAGNOSTICS & ANALYSIS, INC.

Principal Place of Business

6606 SW 146TH PL  
MICANOPY FL 32667  
US

Mailing Address

6606 SW 146TH PL  
MICANOPY FL 32667  
US

2. Principal Place of Business

3. Mailing Address  
500 E. UNIVERSITY AV, STEA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
GAINESVILLE, FL

Zip

Zip  
32602

Country  
USA

4. FEI Number

59-3211784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SALZMAN, ANTHONY J ESQ  
500 E. UNIVERSITY AVE., STE A  
GAINESVILLE FL 32602

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 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)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CP  
HANSEN, ELMER C  
6606 SW 146TH PL  
MICANOPY FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
HANSEN, BARBARA J.  
6606 SW 146TH PL  
MICANOPY FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elmer Hansen PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 352-495-8317  
Daytime Phone #

FILED

Feb 11, 2002 8:00 am  
Secretary of State

02-11-2002 90034 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)