

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000005780 (9)

1. Corporation Name

DIAGNOSTIC SCIENCES, INC.

Principal Place of Business

**3400 PARK CENTRAL BLVD N
SUITE 3400
POMPANO BEACH FL 33064**

Mailing Address

**3400 PARK CENTRAL BLVD N
SUITE 3400
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1984

3a. Date of Last Report

4. FEI Number

65-0462359

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 has liability for intangible tax under S. 189.032,
Florida Statutes



Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FLORIS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81

Name

Norman B. Getson

82

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

2450 Hollywood Blvd.

83

Suite 501

84

City

Hollywood

FL

85

Zip Code

33020

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

Norman B. Getson

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/20/95

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

LENZ, KEYE

STREET ADDRESS

3400 PARK CENTRAL BLVD N SUITE 3400

CITY - ST - ZIP

POMPANO BEACH FL 33064

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

Kaye Lenzi

**2557 SW Cranbrook Drive
Boynton Beach, FL 33436**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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; that I am a shareholder 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.

SIGNATURE

Kaye Lenzi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/95

Date

305-977-3700

Telephone Number