

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90147 046 ***150.00

DOCUMENT # P96000069031

1. Entity Name

P.C. DIAGNOSTIC SERVICES, INC.

Principal Place of Business

**101 NW 91ST AVENUE
 PEMBROKE PINES FL 33024**

Mailing Address

**1141 NW 78TH AVE.
 PEMBROKE PINES FL 33024**

2. Principal Place of Business

5737 NW 119th Drive

3. Mailing Address

P.O. Box 8362

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Pembroke Pines

4. FEI Number

65-0699801

Applied For

Not Applicable

Zip

33076

Country

Broward

Zip

33084

Country

Broward

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CHEVERE, PETER
 101 NW 91ST AVENUE
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **Chevere Peter**

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

5737 NW 119th Drive

City **Coral Springs**

FL

Zip Code **33076**

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

Peter Chevere

Peter Chevere

3/2/02

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)

☐

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

TITLE **PD** ☒ Delete
 NAME **CHEVERE, PETER**
 STREET ADDRESS **1141 NW 78TH AVE.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **Chevere, Peter**
 STREET ADDRESS **5737 NW 119th Drive**
 CITY-ST-ZIP **Coral Springs FL 33076**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Peter Chevere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Chevere 3/2/02 (954) 341-2511

Date

Daytime Phone #

CR2E034 (9/01)