

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
03-21-2001 90043 015 \*\*\*150.00

DOCUMENT # **P97000098469** ✓  
1. Entity Name  
**DRS DIAGNOSTICS, INC.**

Principal Place of Business  
**116 Clifton Road**  
**Hollywood, FL 33023**

Mailing Address  
**116 Clifton Road**  
**Hollywood, FL 33023**

2. Principal Place of Business  
**1571 N. Palm Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1571 N. Palm Ave.**  
Suite, Apt. #, etc.

City & State  
**Pembroke Pines, FL**

City & State  
**Pembroke Pines, FL**

Zip  
**33026**

Country  
**US**

Zip  
**33026**

Country  
**US**

4. FEI Number  
**65-0811574**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARKINS, Tamera L.**  
**116 Clifton Road**  
**Hollywood, FL 33023**

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

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, 2001 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	<b>P Harkins, Tamera L.</b> <b>116 Clifton Rd.</b> <b>Hollywood, FL 33023</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M Peter Chevere</b> <b>1141 NW 78th Ave</b> <b>Pembroke Pines, FL 33024</b>
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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 prior like empowerments.

SIGNATURE: **Tamera L. Harkins** **3/14/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)