

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000098469

Entity Name: DRS DIAGNOSTICS, INC.

FILED
Mar 08, 2005
Secretary of State

Current Principal Place of Business:

1571 N. PALM AVE
HOLLYWOOD, FL 33026

New Principal Place of Business:

Current Mailing Address:

1571 N. PALM AVE
HOLLYWOOD, FL 33026

New Mailing Address:

FEI Number: 65-0811574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEVERE, PETER
4932 NW 105TH DRIVE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M (X) Delete
Name: HARKINS, TAMERA
Address: 116 CLIFTON RD.
City-St-Zip: HOLLYWOOD, FL 33023

Title: P () Delete
Name: CHEVERE, PETER
Address: 4932 NW 105TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CHEVERE

P

03/08/2005

Electronic Signature of Signing Officer or Director

Date