

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90167 040 \*\*\*150.00

**DOCUMENT # P97000098469**

1. Entity Name  
**DRS DIAGNOSTICS, INC.**



Principal Place of Business  
**1571 N PALM AVE  
HOLLYWOOD FL 33026**

Mailing Address  
**1571 N PALM AVE  
HOLLYWOOD FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0811574**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARKINS, TAMERA L  
116 CLIFTON RD  
HOLLYWOOD FL 33023**

Name **Peter Chevere**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/25/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  
NAME **HARKINS, TAMERA L**  
STREET ADDRESS **116 CLIFTON RD**  
CITY-ST-ZIP **HOLLYWOOD FL 33023**

☐ Delete

TITLE **M**  
NAME **Tamera Harkins**  
STREET ADDRESS **116 Clifton Road**  
CITY-ST-ZIP **Hollywood FL 33023**

☒ Change ☐ Addition

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

☐ Delete

TITLE **P**  
NAME **Peter Chevere**  
STREET ADDRESS **5737 NW 119th Drive**  
CITY-ST-ZIP **Coral Springs FL 33076**

☒ 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  
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  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/03**

Date

**954-802-6117**

Daytime Phone #

CR2E034 (10/02)