

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 17 AM 9:08

DOCUMENT # F58202 (5)

1. Corporation Name

ELECTROMEDICAL RESOURCES, INC.

Principal Place of Business

12565 PALM ROAD
 SUITE A
 MIAMI FL 33181
 US

Mailing Address

12565 PALM ROAD
 SUITE A
 MIAMI FL 33181-2611
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/11/1981

3a. Date of Last Report

06/17/1994

4. FEI Number

59-2154466

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. 199.032,
 Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SPITTLER, JAMES E.
 12565 PALM ROAD, SUITE A
 SUITE 903
 MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PM

NAME

SPITTLER, JAMES E

STREET ADDRESS

12565 PALM RD.

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

SPITTLER, JOHN J., SR

STREET ADDRESS

250 S OCEAN BLVD STE C18

CITY - ST - ZIP

BOCA RATON FL

TITLE

D

NAME

SPITTLER, MARY JANE

STREET ADDRESS

250 S OCEAN BLVD STE C18

CITY - ST - ZIP

BOCA RATON FL

TITLE

STD

NAME

SMITH, C.D.

STREET ADDRESS

7928 W. DRIVE, SUITE 903

CITY - ST - ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS CHANGED OR DELETED AND SUBJECT TO REPORT

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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)(b), 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 or the receiver 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:

PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

2/11/95
 Date

(305) 891-8367
 Telephone No.