

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # L51044

1. Entity Name
PULSE MEDICAL, INC.



Principal Place of Business

**4131 SW 47TH AVE
SUITE 1404
DAVIE, FL 33314 US**

Mailing Address

**4131 SW 47TH AVE.
SUITE 1404
DAVIE, FL 33314 US**



01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0175251

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYCE, GORDON
4131 S.W. 47TH AVE.
SUITE #1404
DAVIE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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 re/instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
BOYCE, GORDON
10505 N.W. 5TH CT.
PLANTATION, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
BOYCE, BARBARA
10505 N.W. 5TH CT.
PLANTATION, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
BOYCE, BARB
10505 NW 5TH CR
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000041438
02/09/04-80088-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA BOYCE

Date

2/3/04

Daytime Phone #

954 587 8867