

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L23098

**Entity Name:** ELECTRO-MEDICAL ACCESSORIES, INC.

**Current Principal Place of Business:**

7823 N. DALE MABRY HWY  
STE 100  
TAMPA, FL 33614

**Current Mailing Address:**

7823 N. DALE MABRY HWY  
STE 100  
TAMPA, FL 33614 US

**FEI Number:** 59-2972858

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICES OF DOUGLAS S GREGORY  
607 W BAY ST.  
TAMPA, FL 33606 US

*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

**Officer/Director Detail :**

Title            DIR  
Name            EDGERTON, ROY  
Address        7823 N. DALE MABRY HWY., STE 202  
City-State-Zip: TAMPA FL 33614

I hereby 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 all other like empowered.

**SIGNATURE: ROY EDGERTON**

**CEO**

**04/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date