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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F58202

ELECTROMEDICAL RESOURCES, INC.

Principal Place of Business		Mailing Address					· · · · · · · · · · · · · · · · · · ·	40110 1101 01		midi		
12565 PALM RC	DAD	12565 PALM ROAD										
SUITE A		SUITE A					DO NOT WRITE IN THIS SPACE					
MIAMI FL 33181 US		MIAMI FL 33181-2611 US				-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
UO		••				'	12/11/1981					}
2 Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number	··		A	pplied For	1
2. Principal Place of Business		2a. Walling Address					59-2154466			$\vdash$	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.							(	\$8.75	Additional	7
22		27				5. Certifcate of Status Desi		ed 🗌		Fee R	equired	
City & State		City & State			6	6,-Election Campaign Finan	cing		\$5.00	May Be-		
23		28					Trust Fund Contribution			Added	to Fees	4
Zíp	Country	Zip	Col	untry		8	8. This corporation owes the	current year				
24	25	29	30				Personal Property Tax.			Yes	□No	4
	9. Name and Address of Current	Registered Agent		104	N		<ol> <li>Name and Address of N</li> </ol>	lew Register	red Age	ent		-
COIT	TIED IAMES E			81	Name							_
	TLER, JAMES E. Se dalm doad, suite a			82	Street A	ddress	(P.O. Box Number is Not Ac	ceptable)				
	85 PALM ROAD, SUITE A TE 903											-
	E 903 VII FL 33181			83								
MAIM	WI FL 33101			84	City	-			_, 7	<b>85</b> Zip	Code	7
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office or re	to the provisions of Sections 607.0502	f Florida. Such change was a	iuthorize	d by tr	named cohe corpor	corporati ration s	board of directors. I hereby	accept the ap	ppointm	nent as r	egistered	İ
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14. 1 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 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 inchanged or on an attachment with an address, with all other like empowered.

TO THE AND PLEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE;

STREET ADDRESS

CITY-ST-ZIP

FILED May 19, 1999 8:00 am Secretary of State

05-19-1999 90009 002 \*\*\*300.00