

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F58202**

1. Entity Name
ELECTROMEDICAL RESOURCES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 10 PM 2:57

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**



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 **59-2154466**

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

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

Name

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

City

FL

Zip Code

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

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SPITTLER, JAMES E
12565 PALM RD.
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300023819383
10/15/03--01040--020 **150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
SMITH, C.D.
7928 W. DRIVE, SUITE 903
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

4/18/03 (305) 891-8367

CR2E034 (10/02)

***Electromedical
Resources,
Inc.*** (since 1980)

October 8, 2003

ANDY DUNLAP
Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Doc# F58202

Dear Andy,

Per our discussion today, please find enclosed check to replace the one that is missing in action. Also enclosed is a copy of our Annual Report w/new original signature.

Please call me at our 800# below if any questions and I am grateful for your assistance with this fine mess!

Cordially,



Cathy D. Smith
Director/Secretary

Office: (800) 741-7846 / Fax: (800) 682-4077

E-Mail: cds@elecmedres.com / Web Site: www.elecmedres.com

12565 Palm Road, Suite A, Miami, Florida 33181-2611