

F9500003425

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION
DIVISION OF CORPORATIONS

SUBJECT: Bio-Magnetic Therapy Systems, Inc.
(Name of corporation - must include suffix)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 11:41

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard Markell
(Name of Person)

Bio-Magnetic Therapy Systems, Inc.
(Firm/Company)

5301 N. Federal Hwy, Suite 340
(Address)

Boca Raton FL 33487
(City, State and Zip Code)

600001539596
-07/18/95--01037--007
*****78.75 *****78.75

Should you need to call someone concerning this matter, please call:

Jodi Romaniello or

203 778 1000

Richard Markell

(Name of Person)

at (407) 241-2416

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Bio-Magnetic Therapy Systems, Incorporated
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person
or partnership if not so contained in the name at present.)

2. Virginia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 4, 1991 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. June 1, 1995
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.))

7. 5301 N. Federal Hwy, Suite 340
Boca Raton FL 33487
(Current mailing address)

8. Medical Research
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Richard Markell

Office Address: 5301 N. Federal Hwy, Suite 340

Boca Raton, Florida, 33487
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this application, I hereby accept the appointment as
registered agent and agree to act in this capacity. I further agree to comply with the provisions
of all statutes relative to the proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to
delivery of this application to the Department of State, by the Secretary of State or other official
having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Richard Markell

Address: 17791 Saxony Court
Boca Raton FL 33496

Vice Chairman: _____

Address: _____

Director: Ira Freilicher

Address: 63 Old Farms Rd
East Hills NY 11577

Director: Jack Gales

Address: 75 Market Street
Portland ME 04101

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TREASURY

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Richard Markell

Address: 17791 Saxony Court
Boca Raton FL 33496

Vice President: Ira Freilicher

Address: 63 Old Farms Rd.
East Hills NY 11577

Secretary: Ira Freilicher

Address: 63 Old Farms Rd
East Hills NY 11577

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Richard Markell Chairman / President
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

Bio-Magnetic Therapy Systems, Inc. is corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 04, 1991.

Nothing more is hereby certified.

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DIVISION OF CORPORATIONS
95 JUL 17 AM 11:41



Signed and Sealed at Richmond
on this Date: May 22, 1995

William J. Bridge
William J. Bridge, Clerk of the Commission

APPROVED
AND
FILED

1996 SEP 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003425 (4)

BIO-MAGNETIC THERAPY SYSTEMS, INC.



400001357244
-09/26/96--01004--009

3. Date Incorporated or Qualified	54. Date of Last Report
07/17/1995	****283-75
5. Fil Number	Applied For
061329778	Not Applicable
6. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	
B1 Name Arthur D Almeida	
B2 Street Address (P.O. Box Number is Not Acceptable) 105 East Palm Street Apt 202	
B3 Boca Raton, Florida	
B4 City	B5 Zip Code
FL	33432

1. Principal Place of Business	2a. Mailing Address
5301 N. FEDERAL HWY STE 340 BOCA RATON FL 33487	5301 N. FEDERAL HWY STE 340 BOCA RATON FL 33487
2. Principal Place of Business	2a. Mailing Address
1200 Clintmore Rd. Suite Apt #, etc Suite 14	1200 Clintmore Rd. Suite Apt #, etc Suite 14
3. City & State	3. City & State
Boca Raton, FL	Boca Raton, FL
4. Zip	4. Zip
33487	33487
5. Country	5. Country
U.S.A.	U.S.A.

MARKOLL, RICHARD
5301 N. FEDERAL HWY, STE 340
BOCA RATON FL 33487

11. Pursuant to the provisions of Sections 607.0202 and 607.1500, 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, Sections 607.0202, Florida Statutes.

SIGNATURE *Arthur D Almeida* DATE 9/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	
NAME	MARKOLL, RICHARD	12 NAME	
STREET ADDRESS	17791 SAXONY COURT	13 STREET ADDRESS	
CITY-STATE-ZIP	BOCA RATON FL	14 CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	
NAME	JSD	22 NAME	
STREET ADDRESS	FREILICHER, IRA	23 STREET ADDRESS	
CITY-STATE-ZIP	63 OLD FARMS RD.	24 CITY-STATE-ZIP	
TITLE	EAST HILLS NY	31 TITLE	
NAME	<input checked="" type="checkbox"/> DELETE	32 NAME	
STREET ADDRESS	D	33 STREET ADDRESS	
CITY-STATE-ZIP	BOLES, JACK	34 CITY-STATE-ZIP	
TITLE	75 MARKET STREET	41 TITLE	
NAME	PORTLAND ME	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME	DIRECTOR SEC. TREAS.	52 NAME	
STREET ADDRESS	ERNESTINE J BINDER/MARKOLL	53 STREET ADDRESS	
CITY-STATE-ZIP	17791 Saxony	54 CITY-STATE-ZIP	
TITLE	Boca Raton FL 33411	61 TITLE	
NAME	<input type="checkbox"/> DELETE	62 NAME	
STREET ADDRESS	Med. Corp. Director	63 STREET ADDRESS	
CITY-STATE-ZIP	Eugene Heller	64 CITY-STATE-ZIP	
TITLE	1170 Turtle Cove Lane		
NAME	Huntington NY 11743		
STREET ADDRESS			
CITY-STATE-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 20, 96 407 241 1500

DO NOT WRITE OR MAKE ANY MARKS ON THIS STUB
1996 ANNUAL REPORT

DO NOT DETACH THIS STUB

CR2E034 (3-96)