

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003425

1. Entity Name

BIO-MAGNETIC THERAPY SYSTEMS, INC.

FILED  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90249 021 \*\*\*158.75

Principal Place of Business

Mailing Address

~~ONE SOUTH OCEAN BLVD~~ 1200 CLINTMOORE RD  
~~SUITE #204~~ BOCA RATON FL 33432  
~~US~~ SUITE 14

1200 CLINTMOORE RD  
BOCA RATON  
SUITE 14

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 06-1329778

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DALMEIDA, ARTHUR~~  
~~105 EAST PALMETTO PARK RD.~~  
~~BOCA RATON FL 33432~~

Name

Lewis, Robin

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

1200 CLINTMOORE RD

City

Boca Raton

FL

Zip Code

33487

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.

Lewis Robin, controller

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/2001

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD  
NAME MARKOLL, RICHARD  
STREET ADDRESS 17791 SAXONY COURT  
CITY-ST-ZIP BOCA RATON FL

☐ Delete

TITLE STD  
NAME BINDER-MARKULL, ERNESTINE J  
STREET ADDRESS 17791 SAXONY  
CITY-ST-ZIP BOCA RATON FL 33496

☐ Delete

TITLE D  
NAME HELLER, EUGENE  
STREET ADDRESS 117 TURTLE COVE LANE  
CITY-ST-ZIP HUNTINGTON NY 11743

☒ Delete

TITLE P  
NAME OKUN, SERGE  
STREET ADDRESS P.O. BOX 176  
CITY-ST-ZIP CH-6300 CH

☒ Delete

TITLE EVP  
NAME TRAMUTA, JOSEPH  
STREET ADDRESS ONE SOUTH OCEAN BLVD STE 208  
CITY-ST-ZIP BOCA RATON FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE DIRECTOR  
NAME MORRIS SEDAK  
STREET ADDRESS 600 JEFFERSON PIKE #406  
CITY-ST-ZIP ROCKVILLE, MD. 20852

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 689, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DR. RICHARD MARKOLL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/2001

Daytime Phone #

561-998-0030

CR2E034 (10/00)