

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90110 012 ***150.00

DOCUMENT # F95000003425

1. Entity Name
BIO-MAGNETIC THERAPY SYSTEMS, INC.

Principal Place of Business

~~1200 CLINTMORE RIAD~~
~~STE 14~~
~~BOCA RATON FL 33487~~
~~US~~

Mailing Address

~~1200 CLINTMORE RIAD~~
~~STE 14~~
~~BOCA RATON FL 33487~~
~~US~~

2. Principal Place of Business

224 Datura St.
 Suite, Apt. #, etc.
Suite 909-910

3. Mailing Address

Suite, Apt. #, etc.

same

City & State
West Palm Bch, FL.

City & State

Zip
33401 Country
USA

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

LEWIS, ROBIN
1200 CLINT MOORE RIAD
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name
Arthur B. D'Almeida, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
105 E. Palmetto Park Rd.
 City
Boca Raton FL Zip Code
33431

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.

SIGNATURE **Arthur B. D'Almeida, Esq.** DATE **1/15/02**

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARKOLL, RICHARD 17791 SAXONY COURT BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BINDER-MARKOLL, ERNESTINE J 17791 SAXORY BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, SIDWIG 600 JEFFERSON PLAZA #405 ROCKVILLE MD 20852	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ed McGeehan	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ed McGeehan 155 Birchwood Dr. Palm Coast, FL 32137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marianne Link Director Implerstr. 71 Rg Munich Germany 81371	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary Stacy Cardia 4107 A Palm Bay Cir. West Palm Bch, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 607, 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: **Stacy Cardia, Corp Sec.** DATE: **1/15/02** DAYTIME PHONE: **561-988-6030**

CR2E034 (9/01)