

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003425

FILED
Apr 27, 2004
Secretary of State

Entity Name: BIO-MAGNETIC THERAPY SYSTEMS, INC.

Current Principal Place of Business:

103 PALMETTO PARK RD
BOCA RATON, FL 33432 US

New Principal Place of Business:

103 E. PALMETTO PARK RD
BOCA RATON, FL 33432 US

Current Mailing Address:

103 PALMETTO PARK RD
SUITE 909-910
BOCA RATON, FL 33432 US

New Mailing Address:

103 E. PALMETTO PARK RD
BOCA RATON, FL 33432 US

FEI Number: 06-1329778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ALMEIDA, ARTHUR B
105 E. PALMETTO PARK ROAD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MARKOLL, RICHARD
Address: 17791 SAXONY COURT
City-St-Zip: BOCA RATON, FL

Title: STD () Delete
Name: BINDER-MARKULL, ERNESTINE J
Address: 17791 SAXORY
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: MCGEEHAN, ED
Address: 155 BIRCHWOOD DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D (X) Delete
Name: LINK, MARIANNE
Address: IMPLERSTR. 71 RG
City-St-Zip: MUNICH, GERMANY, 81371

Title: CS () Delete
Name: CANDIA, STACY
Address: 4107 A PALM BAY CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCGEEHAN, ED
Address: 35 MASTERS WAY
City-St-Zip: NEWNAN, GA 30265

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACY CANDIA

CS

04/27/2004

Electronic Signature of Signing Officer or Director

Date