

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90551 010 ***150.00

DOCUMENT # F95000003425

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



Principal Place of Business
224 DATURA STREET
SUITE 909-910
WEST PALM BEACH FL 33401
US

Mailing Address
224 DATURA STREET
SUITE 909-910
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

103 Palmetto Park Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Boca Raton, FL.

City & State

Zip
33432

Country
USA

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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: Arthur B. D'Almeida, Esq.

Arthur B. D'Almeida

11/7/03

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

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 MCGEEHAN, ED
STREET ADDRESS 155 BIRCHWOOD DRIVE
CITY-ST-ZIP PALM COAST FL 32137

☐ Delete

TITLE D
NAME LINK, MARIANNE
STREET ADDRESS IMPLERSTR. 71 RG
CITY-ST-ZIP MUNICH, GERMANY 81371

☐ Delete

TITLE CS
NAME CANDIA, STACY
STREET ADDRESS 4107 A PALM BAY CIRCLE
CITY-ST-ZIP WEST PALM BEACH FL 33406

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Stacy Candia* SIGNATURE REQUIRED
Stacy Candia, Corp. Sec. 11/10/03 561-362-4090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)