

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000002560**

1. Entity Name

GUARDIAN MEDICAL MONITORING, INC.

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90271 029 ***150.00

Principal Place of Business

**18000 W. 8 MILE RD.
SOUTHFIELD MI 48075**

Mailing Address

**18000 W. 8 MILE RD.
SOUTHFIELD MI 48075**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3432082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PIERCE, DOUGLAS
10506 STONEBRIDGE BLVD
BOCA RATON FL 33498**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**PC
PIERCE, MILTON
20800 SOUTHFIELD RD.
SOUTHFIELD MI 48075**

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**VTVC
PIERCE, DOUGLAS
20800 SOUTHFIELD RD.
SOUTHFIELD MI 48075**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**SD
PIERCE, RICHARD
20800 SOUTHFIELD RD.
SOUTHFIELD MI 48075**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

**TITLE
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 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: *Douglas A. Pierrepont*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AT
135969

CR2E034 (9/01)