

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F99000002560

1. Entity Name  
GUARDIAN MEDICAL MONITORING, INC.



Principal Place of Business  
18000 W. 8 MILE RD.  
SOUTHFIELD, MI 48075

Mailing Address  
18000 W. 8 MILE RD.  
SOUTHFIELD, MI 48075

**FILED  
Jan 28, 2004 08:00 AM  
Secretary of State**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 38-3432082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

PIERCE, DOUGLAS  
10506 STONEBRIDGE BLVD  
BOCA RATON, FL 33498

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC  
NAME PIERCE, MILTON  
STREET ADDRESS 20800 SOUTHFIELD RD.  
CITY-ST-ZIP SOUTHFIELD, MI 48075

UD00000017235  
01/28/04-80087-005 150.00

TITLE VTC  
NAME PIERCE, DOUGLAS  
STREET ADDRESS 20800 SOUTHFIELD RD.  
CITY-ST-ZIP SOUTHFIELD, MI 48075

TITLE SD  
NAME PIERCE, RICHARD  
STREET ADDRESS 20800 SOUTHFIELD RD.  
CITY-ST-ZIP SOUTHFIELD, MI 48075

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

MATT FRAEDRICH

1/16/04 248-233-1388

Date

Day/Office Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR