

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
38-3432082
Applied For
Not Applicable
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

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

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IN THIS SPACE**

U000000017235
01/28/04-80087-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Fraiberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/04

248-233-1318
Date Daytime Phone #