

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000002560

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** GUARDIAN MEDICAL MONITORING, INC.

**Current Principal Place of Business:**

18000 W. 8 MILE RD.  
SOUTHFIELD, MI 48075

**New Principal Place of Business:**

**Current Mailing Address:**

18000 W. 8 MILE RD.  
SOUTHFIELD, MI 48075

**New Mailing Address:**

20800 SOUTHFIELD ROAD  
SOUTHFIELD, MI 48075

**FEI Number:** 38-3432082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PIERCE, DOUGLAS  
10506 STONEBRIDGE BLVD  
BOCA RATON, FL 33498 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

**OFFICERS AND DIRECTORS:**

**Title:** VTVC  
**Name:** PIERCE, DOUGLAS  
**Address:** 20800 SOUTHFIELD RD.  
**City-St-Zip:** SOUTHFIELD, MI 48075

**Title:** SD  
**Name:** PIERCE, RICHARD  
**Address:** 20800 SOUTHFIELD RD.  
**City-St-Zip:** SOUTHFIELD, MI 48075

I hereby 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 all other like empowered.

**SIGNATURE:** DOUGLAS PIERCE

VTVC

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date