

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L23098

00 DEC 21 AM 11:52

1. Corporation Name

ELECTRO-MEDICAL ACCESSORIES, INC.

Principal Place of Business

Mailing Address

~~7821 N. DALE MABRY HWY~~
~~STE 200~~
TAMPA FL 33614
US

~~7821 N. DALE MABRY~~
~~STE 200~~
TAMPA FL 33614
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~7821 N. Dale Mabry~~

Suite, Apt. #, etc.
Suite 202

City & State

TAMPA, FL

Zip Country
33614 US

3. New Mailing Office Address, If Applicable

~~7823 N. Dale Mabry~~

Suite, Apt. #, etc.
Suite 202

City & State

TAMPA, FL

Zip Country
33614 US

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1989

5. FEI Number

59-2972858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STAFFORD, STEWARD L.	14812 N. FLORIDA AVE., #C-5 See below - Agent	TAMPA FL
VDP	EDGERTON, ROY	1201 MAGDELENE MANOR DR. 13918 Shady Shores Dr. (13918 Shady Shores Dr)	TAMPA FL

8. Name and Address of Current Registered Agent

STAFFORD, S. L.
14812 NORTH FLORIDA AVENUE
#C-5
TAMPA FL 33610

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
15951 N. FLORIDA AVE.
Suite, Apt. #, Etc.
City LUTZ State FL Zip Code 33549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-18-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00
Date

(813) 915-8367
Daytime Phone #

AD

CR2ED40 (8/00)



November 9, 2000

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

Our companies have been placed on inactive status by your organization. A customer made this oversight apparent in September of 2000. Our agent and our offices relocated in December of 1999 and therefore the paperwork to renew our status was returned to your office or misplaced in the mail. In light of these circumstances we are requesting a waive of the reinstatement penalty fees for each of our four companies: Analgesic Healthcare, The Analgesic Company of Tampa Bay, Medical Services Diversified / Intermittent Compression Corporation, and Electro-Medical Associates. Please feel free to contact us at 1-813-915-8367 or 1-800-749-1188 ext. 212 with any questions you may have.

Thank you,

A handwritten signature in black ink, appearing to read "Charla Thomas".

Charla Thomas

Director of Operations
Analgesic Healthcare, Inc

Healthcare Excellence Through Innovation

7823 N. Dale Mabry,
Suite 202
Tampa, Florida 33614



800.749.1188
813.915.8367
813.915.9427 FAX