

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-24-2003 90201 020 ****75.00

DOCUMENT # N02000002274

1. Entity Name

AMERICAN COLLEGE OF ELECTROMEDICINE, INC.



Principal Place of Business

Mailing Address

**1451 NW 62 ST. STE 300
FT LAUDERDALE FL 33309**

**1451 NW 62 ST. STE 300
FT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-060 7011

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAMAZO, MICHAEL A. PHD
1451 W CYPRESS CREEK RD, STE 300
FT LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**
NAME **GRAMAZO, MICHAEL A PHD**
STREET ADDRESS **1451 W CYPRESS CK RD, STE 300**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **GRAMAZO, SALLY J**
STREET ADDRESS **5840 NE 21 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **WACHTEL, GREGORY**
STREET ADDRESS **5840 NE 21 TERR**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **WACHTEL, FRANK JR**
STREET ADDRESS **5840 NE 21 TERR**
CITY-ST-ZIP **FT LAUD FL 33308**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)