

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-22-2001 90635 024 ***150.00

DOCUMENT # **PO00000078614**

1. Entity Name

ADVANCED MAGNETIC THERAPY, INC *LA*

Principal Place of Business

Mailing Address

- SAME

3715 7TH TERRACE
VERO BEACH FL 32960

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

65-1033102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPPEL, ROBERT
5070 HIGHWAY A1A NORTH
SUITE 221
VERO BEACH FL 32963-1216

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW WITH FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME **CHO, NANCY R** ☐ Delete
 STREET ADDRESS **1024 INDIAN MOUND TRAIL**
 CITY-STATE-ZIP **VERO BEACH FL 32963**

TITLE NAME **Gerald Pienone Jr.** ☐ Delete
 STREET ADDRESS **1024 Indian Mound Trail**
 CITY-STATE-ZIP **VERO BEACH FL 32963**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-ZIP

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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald Pienone **Gerald Pienone**

4/30/01

361-770-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/00)