

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90182 002 \*\*\*158.75

DOCUMENT # P 99 0000 66 77 9

1. Entity Name

AMERICAN COLLEGE OF ELECTROMEDICAL  
SCIENCE INC.

Principal Place of Business

Mailing Address

5353 N FEDERAL HWY  
SUITE 211  
FT LAUDERDALE FL 33308

2. Principal Place of Business

1451 W. CYPRESS CRK RD.

3. Mailing Address

1451 W. CYPRESS CRK RD.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0976580

Applied For

Not Applicable

Zip

33309

Country

USA.

Zip

33309

Country

USA.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael A. GRAMAZIO PhD  
5840 NE 21 TERR.  
FT LAUDERDALE FL 33308 US

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 reinstating)

DATE

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

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PRES.  
STREET ADDRESS MICHAEL A. GRAMAZIO PhD  
CITY-ST-ZIP 5840 NE 21 TERR  
FT LAUD FL 33308 US

TITLE ☐ Delete  
NAME TRES.  
STREET ADDRESS MICHAEL A. GRAMAZIO PhD  
CITY-ST-ZIP 5840 NE 21 TERR  
FT LAUD FL 33308 US

TITLE ☐ Delete  
NAME SECTY  
STREET ADDRESS MICHAEL A. GRAMAZIO PhD  
CITY-ST-ZIP 5840 NE 21 TERR  
FT LAUD FL 33308 US

TITLE ☐ Delete  
NAME CHAIRMAN  
STREET ADDRESS MICHAEL A. GRAMAZIO PhD  
CITY-ST-ZIP 5840 NE 21 TERR  
FT LAUD FL 33308 US

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (954)  
240-8539  
MICHAEL A. GRAMAZIO, PRES

CR2E034 (9/99)