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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002604 (6)

1. Corporation Name
HEALTH TECHNOLOGY ASSOCIATES, INC.

| | |
|--|--|
| Principal Place of Business 555 - 13TH ST., N.W. SUITE 700E WASHINGTON DC 20004 | Mailing Address 555 - 13TH ST., N.W. SUITE 700E WASHINGTON DC 20004 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--|-------------------------|
| 3. Date incorporated or Qualified 05/18/1994 | 3a. Date of Last Report |
|--|-------------------------|

| | | | |
|---|--|--|--|
| 2. Principal Place of Business 21 1100 New York Ave., NW Suite, Apt. #, etc. | 2a. Mailing Address 26 1100 New York Ave., NW Suite, Apt. #, etc. | 4. FEI Number 52-1666234 | Applied For <input type="checkbox"/> Not Applicable |
| 22 200 East City & State | 27 200 East City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 Washington, DC Zip Country | 28 Washington, DC Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 20005 | 25 | 29 20005 | 30 |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
|--|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE PD | NAME STRAUSS, MICHAEL J | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 555 - 13TH ST., N.W. | CITY - ST - ZIP WASHINGTON DC 20004 | 1.2 NAME | |
| | | 1.3 STREET ADDRESS 1100 New York Avenue, NW Suite 200 East | |
| | | 1.4 CITY - ST - ZIP Washington, DC 20005 | |
| TITLE VD | NAME ANDERSON, MAREN | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 555 - 13TH ST., N.W. | CITY - ST - ZIP WASHINGTON DC 20004 | 2.2 NAME | |
| | | 2.3 STREET ADDRESS 1100 New York Avenue, NW Suite 200 East | |
| | | 2.4 CITY - ST - ZIP Washington, DC 20005 | |
| TITLE VSD | NAME STEINWALD, A. BRUCE | 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 555 - 13TH ST., N.W. | CITY - ST - ZIP WASHINGTON DC 20004 | 3.2 NAME | |
| | | 3.3 STREET ADDRESS 1100 New York Avenue, NW Suite 200 East | |
| | | 3.4 CITY - ST - ZIP Washington, DC 20005 | |
| TITLE VD | NAME BARRIER, PAMELA H | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 555 - 13TH ST., N.W. | CITY - ST - ZIP WASHINGTON DC 20004 | 4.2 NAME | |
| | | 4.3 STREET ADDRESS 1100 New York Avenue, NW Suite 200 East | |
| | | 4.4 CITY - ST - ZIP Washington, DC 20005 | |
| TITLE VD | NAME WARE, JOHN JR | 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 555 - 13TH ST., N.W. | CITY - ST - ZIP WASHINGTON DC 20004 | 5.2 NAME Roe, Wayne | |
| | | 5.3 STREET ADDRESS 1100 New York Avenue, NW Suite 200 East | |
| | | 5.4 CITY - ST - ZIP Washington, DC 20005 | |
| TITLE VD | NAME Steinberg, Earl | 6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 1100 New York Avenue, NW Suite 200 East | CITY - ST - ZIP Washington, DC 20005 | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption listed in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Michael J. Strauss Michael J. Strauss 3/16/95 202/637-6870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR