SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F93000004420 (6)

1. Corporate Name

PRECISION THERAPY INTERNATIONAL, INC.

Principal Place of Business

2901 NE 185TH STREET
NORTH MIAMI BEACH FL 33180
US

Mailing Address

2901 NORTHEAST 185TH STREET
NORTH MIAMI BEACH FL 33180
US

2. Principal Place of Business
21 3155 Northwood Pkwy NW
Street Address
22
City & State
23 Norcross, GA
Zip
24 30071 Country 25 USA

2a. Mailing Address
21 3155 Northwood Pkwy NW
Street Address
22
City & State
23 Norcross, GA
Zip
24 30071 Country 25 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1993

4. FEI Number
58-2071758
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Section 607.0505 [illegible] 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. 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

DATE

12. OFFICER AND DIRECTOR

Title	P
Name	NORDIN, BERNT
Street Address	2080 S HIBISCUS DR
City-State-Zip	N MIAMI FL
Title	S
Name	CARGILL, R. MASON
Street Address	303 PEACHTREE ST., 3500 ONE PEACHTREE CNTR
City-State-Zip	ATLANTA GA 30308
Title	T
Name	MARSHALL, ROBERT
Street Address	8 EXECUTIVE PARK WEST
City-State-Zip	ATLANTA GA 30329
Title	CD
Name	LITTORIN, SVERKER
Street Address	SKEPPARGATAN 8
City-State-Zip	S-114 52 STOCKHOLM, SWEDEN
Title	VCD
Name	LEKSELL, LAURENT
Street Address	SKEPPARGATAN 8
City-State-Zip	S-114 52 STOCKHOLM, SWEDEN
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is in accordance with the exemptions stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the corporate records and is authorized to execute the report.

SIGNATURE: Robert A. Marshall 9/29/98 770-300-9725