


FILED

Mar 25 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # K33372 (9)</b>		
<b>1. Corporation Name</b> <b>CTA MEDICAL SYSTEMS, INC.</b>		
<b>Principal Place of Business</b> 8181 N W 154 ST 220 HIALEAH FL 33016 US		<b>Mailing Address</b> 8181 N W 154 ST 220 HIALEAH FL 33016 US
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>
<b>21</b>		<b>26</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>
City & State		City & State
<b>23</b>		<b>28</b>
Zip Country		Zip Country
<b>24</b> <b>25</b>		<b>29</b> <b>30</b>
<b>9. Name and Address of Current Registered Agent</b>		
<b>WEINER, GARY A</b> <b>8181 N W 154 ST</b> <b>HIALEAH FL 33016</b>		<b>81</b> Name  <b>82</b> Street Address  <b>83</b>  <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate officers and directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
SIGNATURE _____		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)		
<b>12. OFFICERS AND DIRECTORS</b>		
TITLE	PD <input type="checkbox"/> DELETE	<b>13.</b>
NAME	WEINER, GARY	1.1 TITLE
STREET ADDRESS	8181 N W 154 ST#220	1.2 NAME
CITY-ST-ZIP	HIALEAH FL	1.3 STREET ADDRESS
TITLE	STD <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME	DACAMARA, BILL	2.1 TITLE
STREET ADDRESS	8181 N W 154 ST	2.2 NAME
CITY-ST-ZIP	HIALEAH FL	2.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
NAME		3.1 TITLE
STREET ADDRESS		3.2 NAME
CITY-ST-ZIP		3.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
NAME		4.1 TITLE
STREET ADDRESS		4.2 NAME
CITY-ST-ZIP		4.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
NAME		5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME		6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS
TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1988

4. FEI Number

Applied For	
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Not Applicable
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### 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

☐ Yes      ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINER, GARY A**  
**8181 N W 154 ST**  
**HIALEAH FL 33016**

<b>B1</b>	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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**B3**

64	City
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FL

85	Zip Code
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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

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEINER, GARY	
STREET ADDRESS	8181 N W 154 ST#220	
CITY- ST- ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DACAMARA, BILL	
STREET ADDRESS	8181 N W 154 ST	
CITY - ST - ZIP	HALEAH FL	

PROPERTY OWNER		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>[Signature]</i> 2/25
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
5.5 PROJECT NUMBER	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

6.1 TITLE	200002468262	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	-03/25/98--01076--022		
6.3 STREET ADDRESS	***450.00		
6.4 CITY - ST - ZIP			

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE.**

CF2E034 (10/97)