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PROFIT CORPORATION ANNUAL REPORT

89 - 1997

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN -9 AM 9:13

DOCUMENT # M13118

1. Corporation Name
CLINICAL TECHNOLOGIES CORPORATION

Principal Place of Business
6001 N.W. 153 STREET
SUITE #160
MIAMI LAKES, FL 33014

Mailing Address
SAME

3. Date Incorporated or Qualified: 03/25/85
3a. Date of Last Report: 7/19/88

2. Principal Place of Business
21 6001 N.W. 153 STREET
Suite, Apt. #, etc.
22 #160
City & State
23 MIAMI LAKES, FLORIDA
Zip 24 33014 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2629249 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BERNARD KLOCKMAN
7390 N.W. 37TH COURT
LAUDERHILL, FLORIDA 33319

10. Name and Address of New Registered Agent
81 Name: MICHAEL A. VANDETTY, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 16853 N.E. 2ND AVENUE
83 SUITE #304
84 City: NORTH MIAMI BEACH FL 85 Zip Code: 33162

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: MICHAEL A. VANDETTY 4/29/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	BERNARD KLOCKMAN P/D 7390 N.W. 37 COURT LAUDERHILL, FLORIDA 33319	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition LOUIS KATCHIS VP/T/D 6340 S.W. 69TH AVENUE MIAMI, FLORIDA 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREA LYNN KLOCKMAN V/T/D 7390 N.W. 37 COURT LAUDERHILL, FLORIDA 33319	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition TERRY NEWTON S/D 3935 N.W. 75TH TERRACE LAUDERHILL, FLORIDA 33319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HYMAN KLOCKMAN S/D 5448 LAGOREE DRIVE MIAMI BEACH, FLORIDA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002210696--1 -06/12/97--01111--002 ***1758.55 ***1758.55
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002210696--1 -06/12/97--01111--003 *****8.95 *****8.95
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition TLL TMM 9 1997

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lou Louis KATCHIS 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #