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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	Name # N3190	6 (3)						
THE C	ENTER FOR HEALTH TECH	INOLOGIES, INC.			Allies 446 11181 11416 14111 1141			
Principal Place	of Rusiness	Mailing Address						
r is ionpair lace	of Business	Mailing Address		"		19 GIII 91911 GI	*** ***** ***	*** ****** ***** ****
801 BRICKELL AVENUE 801 BRICKELL AVENUE 14TH FLOOR 14TH FLOOR								
MIAMI FL 33	131	MIAMI FL 33131		3. Date Inc	corporated or Qualified	3a. D:	ate of Last	Report
				I	1/24/1989		03/10/1	
2. Principal Place of Business 2a. Mailing Address				4. FEI Nur				Applied For
1 444 Brickell Avenue 26 444 Bricke		ll Avenue	65	5-0139873			Not Applicable	
Suite, Apt. #, etc. 2 Suite 224		Suite, Apt. #, etc. 27 Suite 224	Suite, Apt. #, etc. Suite 224		ate of Status Desired	<u>P</u>	•	Additional Regulred
Crty & State Crty & State			4 -	6. Election	Campaign Financing		\$5.0	May Be
		28 Miami, Flor	rida	I	und Contribution			d to Fees
<i>Z</i> p ⊐ 55555	Country	Zip	Country	8. This cor	rporation has liability for	intangible ta	ax under s.	199.032,
<u>4 33131</u>	25 U.S.A.		30 U.S.A.			🗌 Yes 🗖		
	9. Name and Address of Curren	t Hegistered Agent		10. Name	and Address of New R	legistered .	Agent	
			81 Name	'aurongo	D Poho			
Dubbin	, Murray H.		82 Street A	ddress (P.O. Box	D. Bobo Number is Not Acceptable CEII AVERUE	ile)		
444 BRI	CKELL AVENUE			444 Bric!	cell Avenue	3 '		
SUITE 650			83 8	Suite 224	1			
MIAMI F	L 33131		84 City	/iami	····		85 Z	3131
11 Pursuant t	a the provisions of Spetians 617 0500	and 617 1500. Florida Ctalutas				FL	2	
or register	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid	la. Such change was authorized	by the corporation's b	rporation submits tr board of directors, I	his statement for the pur I hereby accept the appi	rpose of cha cintment as	anging its r registered	egistered office
TEATHINGS WAS	h, and an ept the obligations of, Section	on 617.0503, Florida Statutes.						
SIGNATURE _	Stanature, typed or printed name of registered agent a		Registered Agent signature rec		xx, Vice Pr		ant &	
12.	OFFICERS AND	·	13.		ONS/CHANGES TO OFF	DATE	DIDCOTO	NDC IN 10
THE	COBD	DELETE	· · · · · · · · · · · · · · · · · · ·		ANS/OFFANGES TO OFF		Change	Addition
NAME	GURY, DAVID J	—	100000	COBD		1	E) Orlange	[] Modition
STREET ADDRESS	16500 NW 15 AVE		1 k	Sury Day	/1d J.			
CHY-SI-ZIP	MIAMI FL		1.4 CITY - ST - ZIP	P.O. BOX3 BOUN ROJ	COLLOI S	3431-	1080	١
TILE	PCEO	DELETE		PCEO	ion i l u		Change	Addition
NAME	MAN, EUGENE H			lan, Euge	ene H.		or results	☐ Add((ibi)
STREET ADDRESS	1150 NW 14TH ST., #105		2.5 STREET ADDRESS	144 Brick	cell Avenue		22	. A
CHY-SI-ZIP	MIAMI FL			iami, Fl			-6 22	• • • •
IIICE	VCOO	DELETE		7C00	roting 221		Change	Addition
NAME	BOBO, LAWRENCE D		■ '			r	C Ougrafic	☐ Xuanton
STREET ADDRESS	1150 NW 14TH ST., #105		3.3 CIDEET ADDRESS	oodo, Lav	rence D.		- 00	
CITY-ST-ZIP	MIAMI FL				kell Avenue		.e 22	4
IIILE	ST	DELETE	41 TITLE	ıramı, Fl	lorida 3313		Change	Addition
NAME	MARTIN, CHERYL		4. 2 NAME			L	onange	L ∧outron
STREET ADDRESS	420 LINCOLN ROAD		4.3 STREET ADDRESS					
DITY - ST - ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		_			
TITLE	P P	DELETE	5.1 TITLE	PLEASE	SEE	Г	Change	☐ Addition
νΑΜέ	BELL, DANIEL M		5.2 NAME		ED FOR A		ondingo	
STREET ADDRESS	1001 S BAYSHORE S2502		5.3 STREET ADDRESS		TE LIST.			
CITY - ST - ZIP	MIAMI FL		5.4 CITY - ST - ZIP					
TILE	D	DELETE	6.1 TITLE				Change	Addition
NAME	ANDERSON, MAREN D	- -	6.2 NAME			•		
STREET ADDRESS	3504 ROYAL PALM AVENUE		6.3 STREET ADDRESS					•
CHTY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP					
14. Ldo hereby	certify that the information supplied w	ith this filing is voluntarily furnish	ed and door oot avail	fy for the exemption	n stated in Section 119	07(3)(k) Flo	rida Statut	es I further
oath; that I	the information indicated on this annua am an officer or director of the corpor. Block 12 or Block 13 if changed, or or	ai report or suppiemental annual ation or the receiver or trustee e	report is true and acc impowered to execute	urata and that my i	cianatura chall have the	nomo logal i	affact on if	manda under

Lawrence D. Bobo 2/14/96 (305) 377-7323 SIGNATURE: _.

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