**FILE NOW: FILING FEE IS $61.25**

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N31906 (3)

1. Corporation Name
THE CENTER FOR HEALTH TECHNOLOGIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~444 BRICKELL AVENUE~~<br>~~SUITE 224~~<br>~~MIAMI FL 33131~~<br>US | ~~444 BRICKELL AVENUE~~<br>~~SUITE 224~~<br>~~MIAMI FL 33131-2404~~<br>US |

3. Date Incorporated or Qualified: 04/24/1989
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business
21 12500 S.W. 152 St., Bldg A
Suite, Apt. #, etc. 22
City & State 23 Miami, Florida
Zip 24 33177-1411 Country 25 Dade

2a. Mailing Address
26 12500 SW 152 St., Bldg A
Suite, Apt. #, etc. 27
City & State 28 Miami, Florida
Zip 29 33177-1411 Country 30 Dade

4. FEI Number: 65-0139873 ☐ 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

BOBO, LAWRENCE D.
~~444 BRICKELL AVENUE~~
~~SUITE 224~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Lawrence D. Bobo
82 Street Address (P.O. Box Number is Not Acceptable): 12500 S. W. 152 St. Bldg. A
83
84 City: Miami FL 85 Zip Code: 33177

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lawrence D. Bobo, Vice President & COO — Lawrence D. Bobo — 4/15/97
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 | COBD | ☐ DELETE | 1.1 TITLE | COBD | ☒ Change ☐ Addition |
| NAME | GURY, DAVID J | | 1.2 NAME | Gury, David J. | |
| STREET ADDRESS | ~~P.O. BOX 31707~~ | | 1.3 STREET ADDRESS | 5800 Park of Commerce Blvd. N.W. | |
| CITY-ST-ZIP | ~~BOCA RATON FL~~ | | 1.4 CITY-ST-ZIP | Boca Raton, FL 33487 | |
| TITLE | PCEO | ☐ DELETE | 2.1 TITLE | PCEO | ☒ Change ☐ Addition |
| NAME | MAN, EUGENE H | | 2.2 NAME | Man, Eugene H. | |
| STREET ADDRESS | ~~444 BRICKELL AVENUE SUITE 224~~ | | 2.3 STREET ADDRESS | 12500 S. W. 152 St. Bldg. A | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | | 2.4 CITY-ST-ZIP | Miami, FL 33177-1411 | |
| TITLE | VCOO | ☐ DELETE | 3.1 TITLE | VCOO | ☒ Change ☐ Addition |
| NAME | BOBO, LAWRENCE D | | 3.2 NAME | Bobo, Lawrence D. | |
| STREET ADDRESS | ~~444 BRICKELL AVENUE SUITE 224~~ | | 3.3 STREET ADDRESS | 12500 S. W. 152 St. Bldg. A | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | | 3.4 CITY-ST-ZIP | Miami, FL 33177-1411 | |
| TITLE | ST | ☐ DELETE | 4.1 TITLE | ST | ☒ Change ☐ Addition |
| NAME | MARTIN, CHERYL | | 4.2 NAME | Martin, Cheryl | |
| STREET ADDRESS | ~~420 LINCOLN ROAD~~ | | 4.3 STREET ADDRESS | 701 Brickell Avenue, 4th Floor | |
| CITY-ST-ZIP | ~~MIAMI BEACH FL~~ | | 4.4 CITY-ST-ZIP | Miami, FL 33131 | |
| TITLE | P | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BELL, DANIEL M | | 5.2 NAME | August A. Smith | |
| STREET ADDRESS | 1001 S BAYSHORE S2502 | | 5.3 STREET ADDRESS | 2 S. Biscayne Blvd, Suite 2900 | |
| CITY-ST-ZIP | MIAMI FL | | 5.4 CITY-ST-ZIP | Miami, FL 33131 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | BLACK, ELAINE | | 6.2 NAME | K. Lawrence Gragg | |
| STREET ADDRESS | 6255 NW 7TH AVENUE | | 6.3 STREET ADDRESS | 200 S. Biscayne Blvd | |
| CITY-ST-ZIP | MIAMI FL | | 6.4 CITY-ST-ZIP | Miami, FL 33131 | |

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] Mgr. 3/30/97