AMENDED

07-04-2002 90549 026 ****61.25
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FILED
02 JUL 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116467

1. Entity Name

CYCLOTEC ADVANCED MEDICAL TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

B0127073

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2. Principal Place of Business	3. Mailing Address
4871 N.W. 65TH AVENUE	4971 N.W. 65TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL, FLORIDA	City & State: LAUDERHILL, FLORIDA
Zip: 33319 Country: USA	Zip: 33319 Country: USA

4. FEI Number: 593694953 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ALAN B. COHN

Street Address (P.O. Box Number is Not Acceptable): 2021 TYLER STREET

City: HOLLYWOOD FL Zip Code: 33020

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Fee: If January 1 - May 1 Fee is $150.00; After May 1 Fee is $550.00; Amended UBR is $61.25; Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	JEFFREY MANNHEIMER
STREET ADDRESS	11 ARDSLEY COURT
CITY-ST-ZIP	NEWTOWN, PENNSYLVANIA 18940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D/S
NAME	STEPHEN A. MICHELSON
STREET ADDRESS	4871 N.W. 65th STREET
CITY-ST-ZIP	LAUDERHILL, FLORIDA 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Mannheimer JEFFREY MANNHEIMER, PRESIDENT 6/2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #