2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064100

Entity Name: HEALTH OPPORTUNITY TECHNICAL CENTER, INC.

FILED Mar 25, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
18441 NW SUITE 300 MIAMI, FL	_			
Current N	lailing Address:	New Mailing Address	New Mailing Address:	
18441 NW SUITE 300 MIAMI, FL				
FEI Number	: 58-2634964 FEI Number Applied For	r () FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		ent: Name and Address o	Name and Address of New Registered Agent:	
The above in the Stat	e named entity submits this statement to e of Florida.	for the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: Electronic Signature of Registe	red Agent	 Date	
Election Ca	mpaign Financing Trust Fund Contribution	· ·	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete JOHNSON, CAROL 8069 LAKE POINT COURT PLANTATION, FL 33322	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete RANGE, WILLA D 3604 SW 165 AVE. MIRAMAR, FL 33027	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLA RANGE MS 03/25/2008