

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000036587 (0)
1. Corporation Name
BIO-TECH HEALTH SYSTEMS, INC.

FILED

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SECRETARY OF STATE

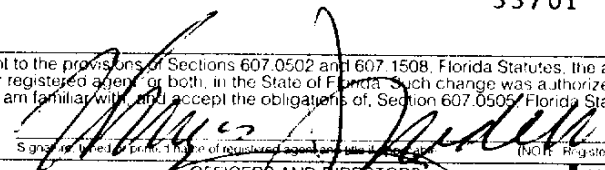


Principal Place of Business 1129 16TH STREET NORTH ST. PETERSBURG FL 33705	Mailing Address 1129 16TH STREET NORTH ST. PETERSBURG FL 33705
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2. Principal Place of Business 21 631 4TH STREET NORTH Suite, Apt. #, etc. 22 City & State ST. PETERSBURG, FLORIDA 23 Zip 33701 25 COUNTRY PINELAS		2a. Mailing Address 26 631 4TH STREET NORTH Suite, Apt. #, etc. 27 City & State ST. PETERSBURG, FLORIDA 28 Zip 33701 30 COUNTRY PINELAS		3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last Report
4. FEI Number 59-3317858		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			

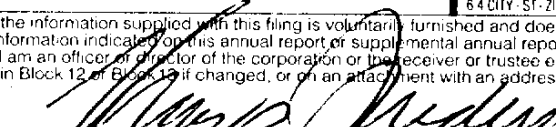
9. Name and Address of Current Registered Agent SCUDIERO, THOMAS J 1129 16TH STREET NORTH ST. PETERSBURG FL 33705		10. Name and Address of New Registered Agent 81 Name SCUDIERO, THOMAS, J 82 Street Address (P.O. Box Number is Not Acceptable) 631 4TH STREET NORTH 83 84 City ST. PETERSBURG FL 85 Zip Code 33701	
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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  8/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	1.1 TITLE	1.1 TITLE	
NAME Thomas J. Scudiero	1.2 NAME	1.2 NAME	
STREET ADDRESS 631 4th Street N.	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP St. Petersburg, FL 33701	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	2.1 TITLE	2.1 TITLE	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	3.1 TITLE	3.1 TITLE	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. Scudiero

8/6/96 813
821-7335

CR2E034 (3/96)