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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000084102 (9)**

1. Corporation Name

AUTOMATED HEALTH TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
101 S.E. 6TH AVE., SUITE C DELRAY BEACH FL 33483	101 S.E. 6TH AVE., SUITE C DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: **10/30/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 101 S.E. 6th Avenue
Suite, Apt. #, etc.
22 Suite C
City & State
23 Delray Beach, Florida
Zip 24 33483 Country 25 USA

2a. Mailing Address
26 101 S.E. 6th Avenue
Suite, Apt. #, etc.
27 Suite C
City & State
28 Delray Beach, Florida
Zip 29 33483 Country 30 USA

4. FEI Number: 65-0632926 ☐ 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

GOSTLEY, PATRICK
101 S.E. 6TH AVE., SUITE C
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO And Director GOSTLEY, PATRICK 101 S.E. 6TH AVE., SUITE C DELRAY BEACH FL 33483	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Collin Jones, Director 193 Cove Road West Palm Beach, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Robert D. Lohman 801 Gloucester Street Boca Raton, FL 33487	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Director Rod Ashbaugh 8134 Twin Lake Drive Boca Raton, FL 33431	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Andrew Koralewicz 9648B Boca Gardens Circle N Boca Raton, FL 33496	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary-Treasurer/Director Gerald Bolkna 2095 NW 30th Road Boca Raton, FL 33431	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Sherman Jones 8687 E. Via de Ventura, Suite 103 Scottsdale, AZ 85258	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ed Tally 4225 Airway Villas Alpharetta, GA 30202	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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

SIGNATURE: _____ 4/24/96 (407) 265-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #