

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084102 (9)

1. Corporation Name

AUTOMATED HEALTH TECHNOLOGIES, INC.

Principal Place of Business

101 SE 6TH AVE
SUITE C
DELRAY BEACH FL 33483
US

Mailing Address

101 S.E. 6TH AVE., SUITE C
DELRAY BEACH FL 33483-5261



2. Principal Place of Business	2a. Mailing Address
21 1025 NW 17th Ave.	26 1025 NW 17th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
23 Delray Beach, FL	28 Delray Beach, FL
24 Zip	29 Zip
24 33445	29 33445
25 Country	30 Country
25 Palm Bch	30 Palm Bch

3. Date Incorporated or Qualified	3a. Date of Last Report
10/30/1995	05/01/1996
4. FEI Number	Applied For
65-0632926 61	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

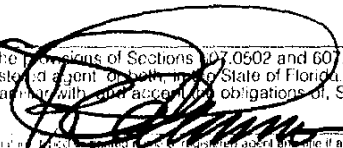
GOSTLEY, PATRICK
101 S.E. 6TH AVE., SUITE C
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
Robert D. Lohman	33445
82 Street Address (P.O. Box Number is Not Acceptable)	
1025 NW 17th Avenue	
83	
84 City	FL
Delray Beach,	

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


Signature of officer or director or registered agent, as applicable

(NOTE: Registered Agent signature required when reinstating)

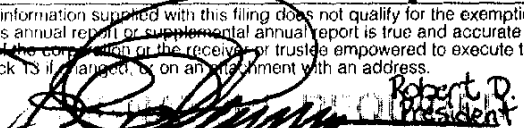
DATE

12. OFFICERS AND DIRECTORS	
TITLE	CEOD ☒ DELETE
NAME	GOSTLEY, PATRICK
STREET ADDRESS	101 S.E. 6TH AVE., SUITE C
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	P ☐ DELETE
NAME	LOHMAN, ROBERT D
STREET ADDRESS	801 GLOUCESTER STREET
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP ☒ DELETE
NAME	KORALEWICZ, ANDREW
STREET ADDRESS	9648 B BOCA GARDENS CIRCLE N
CITY-ST-ZIP	BOCA RATON FL
TITLE	STD ☒ DELETE
NAME	WOLKNA, GERALD
STREET ADDRESS	2095 NW 30TH ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	D ☐ DELETE
NAME	JONES, SHERMAN
STREET ADDRESS	8687 E VIA DE VENTURA SUITE 103
CITY-ST-ZIP	SCOTTSDALE FL
TITLE	D ☐ DELETE
NAME	TALLY, ED
STREET ADDRESS	4225 AIRWAY VILLAS
CITY-ST-ZIP	ALPHARETTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	C.E.O., Director ☐ Change ☒ Addition
1.2 NAME	Colin N. Jones
1.3 STREET ADDRESS	193 Cove Rd.
1.4 CITY-ST-ZIP	W. Palm Beach, FL 33413
2.1 TITLE	Secretary, Director ☐ Change ☒ Addition
2.2 NAME	Gerald M. Wochna
2.3 STREET ADDRESS	2095 NW 30 Rd.
2.4 CITY-ST-ZIP	Boca Raton, FL 33432
3.1 TITLE	Treasurer ☐ Change ☒ Addition
3.2 NAME	Scott T. Rhine
3.3 STREET ADDRESS	932 Iris Drive
3.4 CITY-ST-ZIP	Delray Beach, FL 33483
4.1 TITLE	Director ☐ Change ☒ Addition
4.2 NAME	Rodney Ashbaugh
4.3 STREET ADDRESS	8134 Twin Lake Drive
4.4 CITY-ST-ZIP	Boca Raton, FL 33431
5.1 TITLE	V.P. ☐ Change ☒ Addition
5.2 NAME	James Fahrney
5.3 STREET ADDRESS	800 Cypress ParkWY Apt. I
5.4 CITY-ST-ZIP	Pompano Bch, FL 33064
6.1 TITLE	Vice President ☐ Change ☒ Addition
6.2 NAME	Mike Fabrizi
6.3 STREET ADDRESS	14563 Ishnala Cir
6.4 CITY-ST-ZIP	Wellington, FL 33414

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 607, 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 FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Lohman

561-265-2020

Date

Daytime Phone #

0336639

CR2E034 (9/96)