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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

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

3. Date Incorporated or Qualified: **10/30/1995**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 1025 NW 17th Ave.
22 Suite, Apt. #, etc.
23 Delray Beach, FL
24 Zip 33445 25 Country Palm Bch

2a. Mailing Address
26 1025 NW 17th Ave
27 Suite, Apt. #, etc.
28 Delray Beach, FL
29 Zip 33445 30 Country Palm Bch

4. FEI Number 65-0632926 61 ☐ 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: Robert D. Lohman
82 Street Address (P.O. Box Number is Not Acceptable): 1025 NW 17th Avenue
83
84 City: Delray Beach, FL 85 Zip Code: 33445

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☒ DELETE	1.1 TITLE	C.E.O., Director	☐ Change ☒ Addition
NAME	GOSTLEY, PATRICK		1.2 NAME	Colin N. Jones	
STREET ADDRESS	101 S.E. 6TH AVE., SUITE C		1.3 STREET ADDRESS	193 Cove Rd.	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	W. Palm Beach, FL 33413	
TITLE	P	☐ DELETE	2.1 TITLE	Secretary, Director	☐ Change ☒ Addition
NAME	LOHMAN, ROBERT D		2.2 NAME	Gerald M. Wochna	
STREET ADDRESS	801 GLOUCHESTER STREET		2.3 STREET ADDRESS	2095 NW 30 Rd.	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP	☒ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	KORALEWICZ, ANDREW		3.2 NAME	Scott T. Rhine	
STREET ADDRESS	9648 B BOCA GARDENS CIRCLE N		3.3 STREET ADDRESS	932 Iris Drive	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	STD	☒ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	WOLKNA, GERALD		4.2 NAME	Rodney Ashbaugh	
STREET ADDRESS	2095 NW 30TH ROAD		4.3 STREET ADDRESS	8134 Twin Lake Drive	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	☐ DELETE	5.1 TITLE	V.P.	☐ Change ☒ Addition
NAME	JONES, SHERMAN		5.2 NAME	James Fahrney	
STREET ADDRESS	8687 E VIA DE VENTURA SUITE 103		5.3 STREET ADDRESS	800 Cypress ParkWy Apt. I	
CITY-ST-ZIP	SCOTTSDALE FL		5.4 CITY-ST-ZIP	Pompano Bch, FL 33064	
TITLE	D	☐ DELETE	6.1 TITLE	Vice President	☐ Change ☒ Addition
NAME	TALLY, ED		6.2 NAME	Mike Fabrizi	
STREET ADDRESS	4225 AIRWAY VILLAS		6.3 STREET ADDRESS	14563 Ishnala Cir.	
CITY-ST-ZIP	ALPHARETTA GA		6.4 CITY-ST-ZIP	Wellington, FL 33414	

CR2E034 (9/96)

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: _____ Robert D. Lohman President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-265-2020
Daytime Phone #

0336639