

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

1025 NW 47TH AVE Park of Commerce Blvd.
SUITE C
DELRAY BCH FL 33445
US

Mailing Address

1025 NW 47TH AVE Park of Commerce Blvd.
DELRAY BCH FL 33445
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/30/1995	65-0632961	Not Applicable
22 1025 Park of Commerce Blvd	27 1025 Park of Commerce Blvd	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

LOHMAN, ROBERT D
1025 NW 47TH AVE Park of Commerce Blvd.
DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	D
NAME	JONE, COLIN N	1.2 NAME	Lester, Wilson
STREET ADDRESS	193 COVE RD	1.3 STREET ADDRESS	751 N. Pine Island Rd #209
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	Panama City, FL 33324
TITLE	P & D	2.1 TITLE	
NAME	LOHMAN, ROBERT D	2.2 NAME	
STREET ADDRESS	3835 NW 27 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	WOCHNA, GERALD M	3.2 NAME	
STREET ADDRESS	2095 NW 30 RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	RHINE, SCOTT T	4.2 NAME	
STREET ADDRESS	932 IRIS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JONES, SHERMAN	5.2 NAME	
STREET ADDRESS	12026 N. 81st Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	8607 E VIA DE VENTURA SUITE 103	5.4 CITY-ST-ZIP	
	SCOTTSDALE AZ	6.1 TITLE	
TITLE	D	6.2 NAME	
NAME	TALLY, ED	6.3 STREET ADDRESS	
STREET ADDRESS	4225 AIRWAY VILLAS	6.4 CITY-ST-ZIP	
CITY-ST-ZIP	ALPHARETTA GA		

14. I 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR

3-18-98

CR2E034 (10/97)