

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90192 008 \*\*\*150.00

**DOCUMENT # P95000084102**

1. Entity Name

**AUTOMATED HEALTH TECHNOLOGIES, INC.**



Principal Place of Business

**3800 S. CONGRESS AVENUE  
SUITE #8  
BOYNTON BEACH FL 33426  
US**

Mailing Address

**3800 S. CONGRESS AVENUE  
SUITE #8  
BOYNTON BEACH FL 33426  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number **65-0632961**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LOHMAN, ROBERT D  
6760 HOULTON CIRCLE  
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LOHMAN, ROBERT D  
STREET ADDRESS 6760 HOULTON CIRCLE  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE T ☐ Delete  
NAME RHINE, SCOTT T  
STREET ADDRESS 4697 SABAL PALM DRIVE  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☒ Delete  
NAME JONES, SHERMAN  
STREET ADDRESS 644 WEST 131ST PLACE  
CITY-ST-ZIP KANSAS CITY MO 64145

TITLE D ☒ Delete  
NAME TALLY, ED  
STREET ADDRESS 4225 FAIRWAY VILLAS  
CITY-ST-ZIP ALPHARETTA GA 30202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME TANNER, SIMON E.  
STREET ADDRESS 4240 PALM FOREST DR. S  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME CROKE, EDWARD T., JR.  
STREET ADDRESS 3914 OUTLOOK CT  
CITY-ST-ZIP JUPITER FL 33477

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME HIRSCH, ALVIN A.  
STREET ADDRESS 2946 COUNTRY CLUB BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT D. LOHMAN - PRESIDENT 4/13/04**

Date

Daytime Phone #