

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

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

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

7. Name and Address of New Registered Agent

LOHMAN, ROBERT D
6760 HOULTON CIRCLE
LAKE WORTH FL 33467

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 0000000302597
CITY- ST- ZIP 04/13/05-80075-010 150.00

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

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

TITLE D ☐ Delete
NAME TANNER, SIMONE E
STREET ADDRESS 4240 PALM FOREST DR S
CITY- ST- ZIP DELRAY BEACH FL 33445

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

TITLE D ☐ Delete
NAME CROKE, EDWARD T JR
STREET ADDRESS 3914 OUTLOOK CT
CITY- ST- ZIP JUPITER FL 33477

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

TITLE D ☐ Delete
NAME HIRSCH, ALVIN A
STREET ADDRESS 2940 COUNTRY CLUB BLVD
CITY- ST- ZIP DEERFIELD BEACH FL 33442

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Robert D. Lohman ROBERT D. LOHMAN

4-1-05

561-509-2050

Date

Daytime Phone #

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