

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084102

1. Entity Name

AUTOMATED HEALTH TECHNOLOGIES, INC.



**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90132 020 \*\*\*150.00

0416980 AV

Principal Place of Business  
1025 PARK OF COMMERCE BLVD  
DELRAY BCH FL 33445  
US

Mailing Address  
1025 PARK OF COMMERCE BLVD  
DELRAY BCH FL 33445  
US

11011831



2. Principal Place of Business  
3800 S. Congress Avenue

3. Mailing Address  
3800 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #8

Suite #8

City & State

City & State

Boynton Beach, FL

Boynton Beach, FL

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0632961

Applied For  
Not Applicable

Zip  
33426

Country  
USA

Zip  
33426

Country  
USA

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  
1025 PARK OF COMMERCE BLVD  
DELRAY BCH FL 33445

Name  
Street Address (P.O. Box Number is Not Acceptable)  
6760 Houlton Circle

City Lake Worth, FL 33467

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, 2003 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  
NAME LOHMAN, ROBERT D  
STREET ADDRESS 3835 NW 27 AVE  
CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 6760 Houlton Circle  
CITY-ST-ZIP Lake Worth, FL 33467 ☒ Change ☐ Addition

TITLE T  
NAME RHINE, SCOTT T  
STREET ADDRESS 932 IRIS DR  
CITY-ST-ZIP DELRAY BCH FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 4697 Sabal Palm Drive  
CITY-ST-ZIP Boynton Beach, FL 33436 ☒ Change ☐ Addition

TITLE D  
NAME JONES, SHERMAN  
STREET ADDRESS 12026 N 81ST ST  
CITY-ST-ZIP SCOTTSDALE AZ 85260 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 644 West 131st Place  
CITY-ST-ZIP Kansas City, MO 64145 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 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 an other like empowered.

SIGNATURE: Robert D. Lohman REQUIRED Robert D. Lohman, Pres. 4/24/03 561-509-2050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)