

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000571917**
1. Corporation Name

CareView Corporation

Principal Place of Business 1600 S. Dixie Hwy Suite 3A Boca Raton, FL 33432	Mailing Address 1600 S. Dixie Hwy Suite 3A Boca Raton, FL 33432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1291 SW 29th Avenue Suite, Apt. #, etc. 22 City & State 23 Pompano Beach, FL Zip 24 33069	2a. Mailing Address 26 1291 SW 29th Avenue Suite, Apt. #, etc. 27 City & State 28 Pompano Beach, FL Zip 29 33069	3. Date Incorporated or Qualified 8/19/97	4. FEI Number 65-0826898	Applied For Not Applicable
25 USA	30 USA	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Randy S. Selman
1600 S. Dixie Hwy
Suite 3A
Boca Raton, FL 33432

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1291 SW 29th Avenue	
83	
84 City Pompano Beach, FL	85 Zip Code 33069

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 Secretary of State

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME		12 NAME	C/D Randy S. Selman
STREET ADDRESS		13 STREET ADDRESS	1291 SW 29th Avenue
CITY-ST-ZIP		14 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	21 TITLE	P/D ☐ Change ☒ Addition
NAME		22 NAME	David E. Goodman
STREET ADDRESS		23 STREET ADDRESS	1291 SW 29th Avenue
CITY-ST-ZIP		24 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	Alan M. Saperstein
STREET ADDRESS		33 STREET ADDRESS	1291 SW 29th Avenue
CITY-ST-ZIP		34 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	100002547131
STREET ADDRESS		53 STREET ADDRESS	-06/04/98--01026--005
CITY-ST-ZIP		54 CITY-ST-ZIP	***158.75
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 or 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:

Randy S. Selman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy S. Selman

4/24/98

(954)
917-6655

CR2E034 (10/97)