

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90192 041 \*\*\*150.00

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DOCUMENT # P97000083812

1. Corporation Name  
PRIME HEALTH THERAPEUTICS, INC.

Principal Place of Business  
622 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

Mailing Address  
622 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

65-0792809

Applied For

Not Applicable

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 622 B E. Hallandale Beach Blvd

Suite, Apt. #, etc.

22

City & State

23 Hallandale FL

Zip

24 33009

Country

2a. Mailing Address

26 622 B East Hallandale Beach Blvd.

Suite, Apt. #, etc.

27

City & State

28 Hallandale FL

Zip

29 33009

Country

30

9. Name and Address of Current Registered Agent

MITTLER, RONALD  
622 EAST HALLANDALE BEACH BLVD.  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

Elaine Gottheil

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

622 B East Hallandale Beach Blvd.

83

84 City

Hallandale

FL

85 Zip Code

33009

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

Elaine Gottheil

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-99

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE  
NAME MITTLER, RONALD  
STREET ADDRESS 12008 NW 13TH ST.  
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE V ☒ DELETE  
NAME RODIER, BRIAN  
STREET ADDRESS 200 LESLIE DRIVE SUITE 810  
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO / Chairman ☐ Change ☒ Addition  
1.2 NAME Elaine Gottheil  
1.3 STREET ADDRESS 622 B East Hallandale Beach Blvd.  
1.4 CITY-ST-ZIP Hallandale, FL 33009

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Elaine Gottheil

1-20-99

954-456-5515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)