

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90055 010 ***150.00

DOCUMENT # P98000018217

1. Corporation Name
PERSONAL TOUCH DIAGNOSTICS & PHARMACEUTICS, INC.

Principal Place of Business
3107 W. HALLANDALE BEACH BLVD.
STE #107
HALLANDALE FL 33009

Mailing Address
3107 W. HALLANDALE BEACH BLVD.
STE #107
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/25/1998

4. FEI Number
65-0815001

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTEN, IVORY J
10641 S.W. 37TH PLACE
DAVIE FL 33328

81 Name
CL. FROD H. RODRIGUEZ, CPA

82 Street Address (P.O. Box Number is Not Acceptable)
3146 N.W. 68 Street, Ste B.1

83

84 City
Ft. Lauderdale FL 85 Zip Code
33309

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/CEO/Chair
NAME Ivory J. Christen
STREET ADDRESS 10641 SW 37th Place
CITY-ST-ZIP Davie, Florida 33328

☐ DELETE

TITLE Executive VP/Director
NAME Tadeo R. Christen
STREET ADDRESS 10641 S.W. 37th Place
CITY-ST-ZIP Davie, Florida 33328

☐ DELETE

TITLE VP & Finance/Controller
NAME CL. FROD H. RODRIGUEZ, CPA
STREET ADDRESS 3146 N.W. 68 Street
CITY-ST-ZIP Ft. Lauderdale, Florida 33309-1206

☐ DELETE

TITLE Director
NAME Sola Gafar, CPA
STREET ADDRESS 8910 Miramar Parkway, Ste 212
CITY-ST-ZIP Miramar, Florida 33025

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☒ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (954) 894-0522
Date Daytime Phone #

CR2E034 (1/198)