

3091999-90128-038-\$158.75-\$158.75 * 07151999-90009-018-\$558.75-\$558.75

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000031857

1. Corporation Name

UNITED HOSPITAL TECHNOLOGIES INC.

Principal Place of Business

2600 S. WEST 3RD AVE., SUITE 800-B
MIAMI FL 33129

Mailing Address

2600 S. WEST 3RD AVE., SUITE 800-B
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

65-083507A

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

2. Principal Place of Business

21 12790 NW LE JEUNE RD

Suite, Apt. #, etc.

22

City & State

23 OPA LOUIS FL

Zip

24 33054

Country

25 U.S.A.

2a. Mailing Address

26 20801 Biscayne BL

Suite, Apt. #, etc.

27 SUITE 400 A03

City & State

28 MIAMI FL

Zip

29 33180

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BETESCH, SALOMON

2600 S. WEST 3RD AVE., SUITE 800-B
MIAMI FL 33129

10. Name and Address of New Registered Agent

81 Name

SALOMON BRESH

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

20801 Biscayne BL

83

SUITE 400 A03

84 City

MIAMI

FL

85 Zip Code

33180

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 865 0625

Daytime Phone #

CR2E034 (5/99)

FILED
Mar 09, 1999 8:00 am
Secretary of State

07-15-1999 90009 018 ***558.75

03-09-1999 90128 038 ***158.75

