


FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90172 032 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000044818

 1. Corporation Name
HEALTHCARE TECHNOLOGY ASSOCIATES, INC.

Principal Place of Business

 8129 BRETON CIRCLE
 FORT MYERS FL 33912

Mailing Address

 8129 BRETON CIRCLE
 FORT MYERS FL 33912


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

65-0849642

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

 ROPS, LINDA
 8129 BRETON CIRCLE
 FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE C.E.O. ☐ DELETE
 NAME LEE R. ROPS
 STREET ADDRESS 8129 BRETON CIRCLE
 CITY-ST-ZIP FORT MYERS FL 33912

 TITLE TREASURER ☐ DELETE
 NAME LINDA ROPS
 STREET ADDRESS 8129 BRETON CIRCLE
 CITY-ST-ZIP FORT MYERS FL 33912

 TITLE SEC. ☐ DELETE
 NAME PEGGY J. KISSINGER
 STREET ADDRESS PO. BOX 2345
 CITY-ST-ZIP Port Charlotte FL 33949

 TITLE PRESIDENT ☐ DELETE
 NAME MICHAEL K. KISSINGER
 STREET ADDRESS PO BOX 2345
 CITY-ST-ZIP PORT CHARLOTTE FL 33949

 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 ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 1-20-99 (941) 768-9562
 Date Daytime Phone #

CR2E034 (11/98)