## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. 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 #** P98000064743

HEALTHINFOTECH RESOURCES, INC.

FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90002 044 \*\*\*150.00

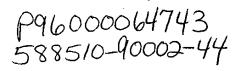


Principal Place of Business		Mailing Address								
	BOROUTH AVE STE 430	8313 W HILLSBOROUTH AVE STE 430								
TAMPA FL 336	15	TAMPA FL 33615				DO NOT WRITE IN THIS SP	ACE			
						3. Date Incorporated or Qualified	AUL			
						07/21/1998				
		- Mailian Address				4 EEI Number - (2)		Applie	d For	
	ace of Business	2a. Mailing Address				4. FEI Number 35328/3	$\vdash$	<del> </del>	plicable	
21		26					<u>¢Ω 7</u>	5 Addi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Requir		
22		City & State					_	<u> </u>		
City & State	•	<del></del>				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zin	Country	28 Zip	Cou	ıntry		8. This corporation owes the current year				
Zip	<u> </u>	<del></del>	30	2,16. 9		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Yes No			
24	25	29   d Address of Current Registered Agent		00		10 Name and Address of New Registered Ag	· · · · · · · · · · · · · · · · · · ·			
	g, Maine and Address of Current	t Kedisteren Adeut		81	Name	10, 172				
WO	lf, sheldon			Ш						
	14 CAPE HATTERAS DR		82 S			Address (P.O. Box Number is Not Acceptable)				
	IPA FL 33615			83						
·	II A 1 E 000 10			83						
				84	City	FL	85 2	Zip Cod	9	
				1 1				<del></del>		
11. Pursuant	to the provisions of sections 607.0502	2 and 607,1508, Florida Statu	tes, the ab	ove-r	named corp	oration submits this statement for the purpose of chan- tion's board of directors. I hereby accept the appointm	ging it nent a	s registe s registe	ered ered	
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, F	lorida Stat	tutes		, , , , , , , , , , , , , , , , , , , ,		•		
SIGNATURE									<del></del>	
	Signature, typed or printed name of registered agen			ered Ag	pent signature re	equired when reinstating) DATE			451.45	
12.		ID DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFICERS AND	3		l .	
TITLE	D	DELETÉ	1.1 Ts				Chan	ge	Addition	
NAME	WOLF, SHELDON		1.2 N							
STREET ADDRESS	10614 CAPE HATTERAS DR		1.3 ST		ADDRESS					
CITY-ST-ZIP	TAMPA FL 33615		1.4 CI	ITY-ST-	ZIP					
I TITLE	D	DELETE	2.1 TI	ITLE			Chan	ge	Addition	
NAME	HUNTER, KATHI		2.2 N	AME						
STREET ADDRESS	10614 CAPE HATTERAS DR		2.3 S1	TREET	ADDRESS					
CITY-ST-ZIP	TAMPA FL 33615	2		2.4 CiTY-ST-ZIP						
TITLE		DELETE	3.1 TI	ITLE			Chan	ge 🗀	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP			3.4 C	ITY-ST-	-ZIP					
TITLE	- APPLACE - V	DELETE	4.1 TI	ITLE			Char	ige 🗀	Addition	
NAME		<del></del>	4.2 N	AME						
STREET ADDRESS			4.3 ST	TREET	ADDRESS					
CITY-ST-ZIP			4.4 C	ITY-ST-	-ZIP					
TITLE	<del></del>	DELETE	5.1 TI				Char	nge [	Addition	
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-ST						
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		☐ nereie	6.2 N			_	_ J.iidi	.g~ L	, , , , , , , , , , , , , , , , , , , ,	
NAME					ADDRESS					
STREET ADDRESS										
CITY-ST-ZIP			6.4 C	ITY-ST-	-ZIP	( 440 07(0)() F( 111 0)-1-1 ( 5.11-1 1.11-1	A A6			

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 receiper or trustee empoyaged 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 attaching with an exidence.

**SIGNATURE:** 





www.healthINFOtech.com

07 July 1999

Florida Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Report Filing for HealthInfoTech Resources, Inc.

Dear Sir:

Please find attached my check for \$150 for my company's annual filing for 1999.

I never received the original report packet. The first time I was notified about a tax-being due was when I-received a "2<sup>nd</sup> Notice".

I called on the phone and explained the situation to someone in your office.

They told me to write a cover letter such as this and attach it to my filing along with a check for \$150.00.

Thank you for your kind attention to this manner.

Sincerely,

Sheldon Wolf

HealthInfoTech Resources

8313 W. Hillsborough Ave #430

Tampa, FL 33615

813-885-1975