FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V57747** **(0)**

1. Corporation Name
CENTRAL MEDTECH, INC.

Principal Place of Business	Mailing Address
577 MARKET SQ W. LAKELAND FL 33813 US	PO BOX 91415 LAKELAND FL 33804-1415 US

3. Date Incorporated or Qualified: 08/10/1992	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3149566	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1021 S.W. 17th Street	26 P.O. Box 131
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, FL	28 City & State: Ocala, FL
24 Zip: 34474 25 Country: U.S.	29 Zip: 34478 30 Country: U.S.

9. Name and Address of Current Registered Agent

PANSLER, KARL F.
575 NORTH BROADWAY
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name: Emad Fathoury
82 Street Address (P.O. Box Number is Not Acceptable): 1021 S.W. 17th Street
83
84 City: Ocala FL 85 Zip Code: 34474

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: Emad Fathoury (President, Director) 3/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOD CHAULK, RANDY L. 577 MARKET SQ W LAKELAND FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P,M,D Emad A.F. Fathoury 1021 S.W. 17th Street Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T,S Muna M. Fathoury 1021 S.W. 17th Street Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Emad Fathoury 3/16/97 (305)351-2365