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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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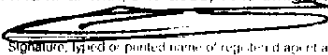
DOCUMENT # V57747 1. Corporation Name CENTRAL MEDTECH, INC.	(0)
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Principal Place of Business 577 MARKET SQ W. LAKELAND FL 33813 US	Mailing Address PO BOX 91415 LAKELAND FL 33804-1415 US
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2. Principal Place of Business 21 1021 S.W. 17th Street Suite, Apt. #, etc. 22 City & State 23 Ocala, FL Zip 24 34474 Country 25 U.S.	2a. Mailing Address 26 P.O. Box 131 Suite, Apt. #, etc. 27 City & State 28 Ocala, FL Zip 29 34478 Country 30 U.S.
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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 Fakhoury 82 Street Address (P.O. Box Number is Not Acceptable) 1021 S.W. 17th Street 83 84 City Ocala FL 85 Zip Code 34474
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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 Fakhoury (President, Director)** 3/16/97
Signature, typed or printed name of registered agent and identical applicable (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS		
TITLE	CEO	☒ DELETE
NAME	CHAULK, RANDY L.	
STREET ADDRESS	577 MARKET SQ W	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P.M.D	☐ Change ☒ Addition
1.2 NAME	Emad A.F. Fakhoury	
1.3 STREET ADDRESS	1021 S.W. 17th Street	
1.4 CITY-ST-ZIP	Ocala, FL 34474	
2.1 TITLE	T.S	☐ Change ☒ Addition
2.2 NAME	Muna M. Fakhoury	
2.3 STREET ADDRESS	1021 S.W. 17th Street	
2.4 CITY-ST-ZIP	Ocala, FL 34474	
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 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 Fakhoury** 3/16/97 (35)251 2285

CR2E034 (9/96)