

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000065845

**Entity Name:** CASI HEALTHCARE TECHNOLOGIES, INC.

**Current Principal Place of Business:**

4150 SW 11TH STREET  
CORAL GABLES, FL 33134

**Current Mailing Address:**

4150 SW 11TH STREET  
CORAL GABLES, FL 33134

**FEI Number: 26-0358704**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREEN, JERRY  
7700 NORTH KENDALL DRIVE  
SUITE 507  
MIAMI, FL 33156 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            MRS  
Name            LOPEZ, ROSA MPRESIDE  
Address        4150 SW 11TH STREET  
City-State-Zip: CORAL GABLES FL 33134

Title            MR  
Name            LOPEZ, ALFREDO VICE PR  
Address        4150 SW 11TH STREET  
City-State-Zip: CORAL GABLES FL 33134

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROSA BATISTA LOPEZ**

**PRESIDENT**

**01/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date