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FILED  
Apr 21 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 # F96000001214 (3)

1. Corporation Name

MED-TECH FUNDING CORPORATION



Principal Place of Business

4491 S. STATE ROAD 7  
SUITE 800  
FT LAUDERDALE FL 33314

Mailing Address

4491 S. STATE ROAD 7  
SUITE 200  
FT LAUDERDALE FL 33314-4032

3. Date Incorporated or Qualified  
03/08/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

APPLIED FOR

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

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.  
4521 PGA BLVD  
SUITE 211  
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 BOISVERT, LOUIS

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

4491 SO. STATE ROAD SEVEN

83 SUITE 200

84 City  
FT. LAUDERDALE

FL

85 Zip Code  
33314

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

Louis W. Boisvert, III

4/4/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BOISVERT, LOUIS W III  
STREET ADDRESS 4491 S. STATE ROAD 7, SUITE 200  
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS  
1.2 NAME ORSINI, FRANCINE  
1.3 STREET ADDRESS 4491 SO. STATE ROAD SEVEN, S-200  
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33314

2.1 TITLE C/D  
2.2 NAME KLAMM, ULLRICH Ph.D.  
2.3 STREET ADDRESS 4491 SO. STATE ROAD SEVEN, S-200  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33314

3.1 TITLE S  
3.2 NAME O'DONNELL, CAROL  
3.3 STREET ADDRESS 4491 SO. STATE ROAD SEVEN, S-200  
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33314

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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

Louis W. Boisvert, III

4/4/97

(954) 321-9555

CR2E034 (9/96)