SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H30290

FILED Sep 19 1997 8:00am Secretary of State

MEDTECH, INC. Principal Place of Business Mailing Address **%** L. ROBERT TABOR % L. ROBERT TABOR 102 NEWGATE ROAD 102 NEWGATE ROAD ALABASTER AL 35007 DO NOT WRITE IN THIS SPACE ALABASTER AL 35007 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1984 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied for 59-2488955 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No **₩** Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Tabor, L. Robert 2131 HOLLYWOOD BLVD ST 208 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE 1.1 T(1LE TABOR, L. ROBERT NAME 1.2 NAME **102 NEWGATE ROAD** STREET ADDRESS 1.3 STREET ADDRESS ALABASTER AL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE TABOR, ANN W. NAME 2.2 NAME **102 NEWGATE ROAD** STREET ADDRESS 2.3 STREET ADDRESS **ALAB**ASTER AL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZiP DELFTE Change Addition TITLE 41 TOTALE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 THLF TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1Y - S1 - Z(P CITY - ST - ZIP TITLE DELETE 6.1 7/1LE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

Talou

205-664-9113