

2002 UNIFORM BUSINESS REPORT (UBR)

0346139 AV

DOCUMENT # **L53727**

1. Entity Name
MEDITEK-WINTER PARK, INC.

FILED

02 APR 25 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**250 S AUSTRALIAN AVENUE
9TH FL
W PALM BEACH FL 33401
US**

Mailing Address
**250 S AUSTRALIAN AVE
9TH FL
W PALM BEACH FL 33401
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3011386**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MARAIST, LEON**
STREET ADDRESS **250 S AUSTRALIAN AVEN, 9TH FL**
CITY-ST-ZIP **W PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME **100005451891-4**
STREET ADDRESS **-05/06/02--01009--016**
CITY-ST-ZIP ******676.25 ****150.00**

TITLE **D** ☐ Delete
NAME **MCINTOSH, DAVE**
STREET ADDRESS **250 S AUSTRALIAN AVE, 9TH FL**
CITY-ST-ZIP **W PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCFO** ☐ Delete
NAME **SHAW, PAUL A**
STREET ADDRESS **250 S AUSTRALIAN AVE, 9TH FL**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*Used 150.00
for COR A/R*

4/18/02