FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary & State
DIVISION OF CORPORATIONS

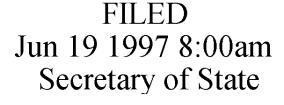
1997

DOCUMENT # N9600003071 (5)

MEDTECH OF NORTH FL, INC.

Principal Place of Business

Mailing Address





P.O. BOX 1979 OUINCY FL 32353-1979 P.O. BOX 1979 OUINCY FL 32353-1							
					3. Date Incorporated or Qualified 03/14/1996	3a. Date of Last Report	
2. Principal Pi	lace of Business	2a. Mailing Address 26		4. FEI Number 59-338 <i>53</i> 22	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	25 29 30			/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	g, Name and Address of Currer	t Registered Agent		т	10. Name and Address of New Re	gistered Agent	
ć.			81	Name			
HARDY, WILLIAM O JR 3512-C MACLAY BLVD.			82				
TALLAPASSÉE FL 32312			83				
			84	City		FL 85 Zip Code	
Office or re		of Florida. Such change was a	uthorized b	y the corpora	poration submits this statement for the pation's board of directors. I hereby accept		
SIGNATURE _	The same with and becopt the cong.	20000 017 0000007 0 17 700007 1 10	ilou Otatolo	•			
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Ag	ent signalure requ	ulred when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	President,	☐ DELETE	1.1 TITLE			Change Addition	
NAME	William Hardy		1.2 NAME				
STREET ADDRESS	P & U b k (477	ماید	1.3 STREE	r address			
CITY-ST-ZIP	Quincy FL 32	353 NIH	1.4 CITY-1	ST-ZIP			
TITLE	Secretary	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	Patricia Hard	L	2.2 NAME				
STREET ADDRESS	416 Collinsford		2.3 STREE	ADDRESS			
CITY-ST-ZIP	Tallahaysee Fi	- \$2.301	2. 4 CITY -	S1-ZIP			
TITLE	Director	☐ DELETE	3.1 TITL€			Change Addition	
NAME	KOBERT RUELS	0.4	3.2 NAME				
STREET ADDRESS	ZED JOHN KNOX	Pd.	3.3 STREE				
CITY-ST-ZIP	initianassee FL	32305	3.4. CITY -	ST-ZIP	·····	Phonon Addition	
TITLE	Saml. Disass	DELETE	4.1 TITLE			☐ Change ☐ Addition	
NAME	900 m	- Pleme	4. 2 NAME				
STREET ADDRESS	THE PROCESSES	PRWY	4.3 STREE				
CITY-ST-ZIP	Lallanassee F	☐ DELETE	4.4 CITY-1	ST-ZIP		☐ Change ☐ Addition	
TITLE	Director		5.1 TITLE		40000221		
NAME	micheel Harai	ما	5.2 NAME		-06/19/970108	1 √04,0°d° 1010	
STREET ADDRESS	micheel Harde 414 Collins ford Tallahassee, FC	222	5.3 STREE		***81.25	7 010	
CITY-ST-ZIP	tellahassee, FL	DELETE	5.4 CITY - 5	ST-ZIP	<u> 中ではは1 g (a d)</u>	Change Addition	
1111.00		L. OCICIE	6.1 TITLE			Change L cogition	
NAME			6.2 NAME	4000000		6.30/	
STREET ADDRESS	•		6.3 STREE			~ \ID	
CITY-ST-ZIP	ou partify that the information synchro	d with this filing done not avails	6.4 CITY-S		d in Section 119 07(3)(i). Florida Statutes	I further certify that the	

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 ennual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address.