


FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90162 047 ***150.00

DOCUMENT #	P00000010927	
1. Entity Name MEDI-TECH MEDICAL CENTER INC.		

Principal Place of Business	Mailing Address
5870 SW 8 STREET	5870 SW 8 STREET
#8	#8
MIAMI FL 33144	MIAMI FL 33144

2. Principal Place of Business same	3. Mailing Address same
--	----------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

6. Name and Address of Current Registered Agent	
---	--

LESCANO, OSCAR 13520 SW 9 LANE. MIAMI FL 33184	Name
	Street Address (Full)

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0981154	Applied For
	Not Applicable

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

7. Name and Address of New Registered Agent

GAME

P.O. Box Number is Not Acceptable)

City _____ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Resonance

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
--	--	---	---

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
-----	------------------------	-----	---

TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LESCANO, OSCAR		NAME			
STREET ADDRESS	13512 SW 9 LANE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184		CITY-ST-ZIP			

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	

CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	

CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS			

STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 01/05/03 (305) 265-1900

CR2E034 (10/02)