2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P92000011874

Entity Name: MEDITEK-ICOT, INC.

Current Principal Place of Business:

1916 HIGHLAND OAKS BLVD
LUTZ, FL 33559 US

New Principal Place of Business:

Current Mailing Address:

1916 HIGHLAND OAKS BLVD
LUTZ, FL 33559 US

New Mailing Address:

FEI Number: 59-3163891 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDEN, JOYCE ESQ
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SCHINDEL, MATTHEW ESQ
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

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: MATTHEW SCHINDEL 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: WINTER, THOMAS G
Address: 1916 HIGHLAND OAKS BLVD
City-St-Zip: LUTZ, FL 33559 US

Title: VD ( ) Delete
Name: SIX, RICHARD R MD
Address: 1916 HIGHLAND OAKS BLVD
City-St-Zip: LUTZ, FL 33559 US

Title: VSD ( ) Delete
Name: SIX, DAVID
Address: 1916 HIGHLAND OAKS BLVD
City-St-Zip: LUTZ, FL 33559 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSD (X) Change ( ) Addition
Name: SIX, DAVID E
Address: 1916 HIGHLAND OAKS BLVD
City-St-Zip: LUTZ, FL 33559 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WINTER P 04/19/2004
Electronic Signature of Signing Officer or Director Date