## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043521(2)/

1. Corporation Name

MEDITEK-PREMIER, INC.

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90284 011 \*\*\*150.00

Principal Place of Business Mailing Address								
		250 S. Austral	ion A	***	07.10			
{		9th Floor	.ian A		enue	DO NOT WRITE IN THI	S SPACE	
				RT 22/01		3. Date Incorporated or Qualifed		
W. Palm Beach, FL US					401	6/21/1993		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	- A	pplied For
21 4244	International P/W	26				65-0438077	N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	Additional
22 Suite 140 27						5. Continuate of Status Desired	Fee R	equired
City & State						6. Election Campaign Financing		May Be
	ta, GA	28				Trust Fund Contribution		to Fees
Zip 24 30354	Country 25	Zip 29 3	Countr 30	У		This corporation owes the current year Ir     Personal Property Tax.	ntangible □ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
			81	1	Name			
			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83	3	<del></del>			
			84	+	City		85 Zip	Code
			0-	•	City	FI	_   83   210	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of $\pi$ familiar with, and accept the obligation	Florida, Such change was aut	thorized by	y tř	-named corpo he corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the appora	f changing its intment as re	; registered egistered
SIGNATURE	Classical and a state of a state	(NOTE: E	Designation of Asse	ne e	signature required	i when reinstating) DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	arnt e	signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	OT TOLING AND	DELETE 1.1 Ti			F		☐ Change	<b></b> Addition
NAME			1.2 NAME		-	PAUL, JOSEPH A		
STREET ADDRESS			1.3 STREE	ΞTΑ		250 S. Australian Ave., 9	th Floc	\r
CITY-ST-ZIP			1.4 CITY-5	ST-		V Palm Beach, FL 33401	tii F100	, <b>T</b>
TITLE	☐ DELETE 2.11				V		Change	Addition
NAME			2.2 NAME		N	Moor, Wayne		
STREET ADDRESS			2.3 STREE	ΤA	ADDRESS 2	250 S. Australian Ave., 9	th Floc	r
CITY-ST-ZIP			2. 4 CITY-	ST-	- ZIP V	W. Palm Beach, FL 33401		
TITLE		DELETE	3.1 TITLE		5	3	Change	Xi Addition
NAME			3.2 NAME			Harkins, Francis J JR		
STREET ADDRESS			3.3 STREE	ΤA	ADDRESS 2	250 S. Åustralian Ave., 9	th Floc	r
CITY-ST-ZIP			3.4. CITY-	_	-ZIP W	V. Palm Beach, FL 33401		
TITLE		☐ DELETE	4.1 TITLE		l l	Director	Change	₹ Addition
NAME			4. 2 NAME			Hartley, Keith		
STREET ADDRESS			4.3 STREE		DORESS 2	250 S. Australian Ave., 9	th Floc	r
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	ST-Z	ZIP W	V. Palm Beach, FL 33401	☐ Change	☐ Addition
TITLE		FT NETE : E	5.1 TITLE 5.2 NAME				□ criange	
NAME			5.3 STREE		ADDRESS			
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME		-			
			6.3 STREE		ADDRESS			
STREET ADDRESS			0.00 mcL					

64 CITY-ST-ZIP

14. 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 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, with all other like empowered. Wayne Moor

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-832-1766