FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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95 MAY -1 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***3800.00 ****200.00

DOCUMENT # **P93000052052 (6)**

1. Corporation Name
MEDITEK THERAPY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131	825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc (22, 27)
City & State (23, 28)
Zip (24, 29) County (25, 30)

4. FEI Number: 65-0438078 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MENDELSON, VICTOR H ESQ. 3000 TAFT STREET HOLLYWOOD FL 33021	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail-in)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	STANLEY, PAUL M	12 NAME	Delete Stanley, Paul
STREET ADDRESS	8875 HIDDEN RIVER PKWY SUITE 110	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33637	14 CITY ST ZIP	
TITLE	D	21 TITLE	DC ☒ Change ☐ Addition
NAME	MENDELSON, LAURANS	22 NAME	
STREET ADDRESS	825 S BAYSHORE DR SUITE 1643	23 STREET ADDRESS	#1650
CITY ST ZIP	MIAMI FL 33131	24 CITY ST ZIP	
TITLE	D	31 TITLE	DP ☒ Change ☐ Addition
NAME	PAUL, JOSEPH A	32 NAME	
STREET ADDRESS	825 S BAYSHORE DR SUITE 1643	33 STREET ADDRESS	#1650
CITY ST ZIP	MIAMI FL 33131	34 CITY ST ZIP	
TITLE	T	41 TITLE	DTV ☒ Change ☐ Addition
NAME	IRWIN, THOMAS S	42 NAME	
STREET ADDRESS	3000 TAFT ST	43 STREET ADDRESS	
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP	
TITLE	S	51 TITLE	☒ Change ☐ Addition
NAME	VETTER, JUDITH	52 NAME	
STREET ADDRESS	825 S BAYSHORE DR., STE 1643	53 STREET ADDRESS	#1650
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE		61 TITLE	DV ☐ Change ☒ Addition
NAME		62 NAME	Mendelson, Victor H.
STREET ADDRESS		63 STREET ADDRESS	825 S. Bayshore Dr. #1650
CITY ST ZIP		64 CITY ST ZIP	Miami FL 33131 RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ VICTOR H. MENDELSON 3/30/95 (305) 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130320 CP