

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

97 AUG -7 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000052052 (6)**

1. Corporation Name  
**MEDITEK THERAPY, INC.**



Principal Place of Business <b>825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131</b>	Mailing Address <b>825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
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3. Date Incorporated or Qualified <b>07/26/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0438078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**MENDELSON, VICTOR H ESQ.  
3000 TAFT STREET  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
**81** Name **CORPORATION SERVICE COMPANY**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
**84** City **TALLAHASSEE** **FL** **85** Zip Code **32301**

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 *Karen B. Rozar* **Karen B. Rozar, As Its Agent** **8-7-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
DR	MENDELSON, VICTOR H. H	825 S.BAYSHORE DR 1650	MIAMI FL 33131	
DC	MENDELSON, LAURANS	825 S BAYSHORE DR SUITE 1650	MIAMI FL 33131	<input type="checkbox"/> DELETE
DP	PAUL, JOSEPH A	825 S BAYSHORE DR SUITE 1650	MIAMI FL 33131	<input type="checkbox"/> DELETE
DTV	IRWIN, THOMAS S	3000 TAFT ST	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE
S	VETTER, JUDITH	825 S BAYSHORE DR., STE 1650	MIAMI FL 33131	<input checked="" type="checkbox"/> DELETE
D	MENDELSON, ERIC	3000 TAFT STREET	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *A. Alan* **8/7/97** **561-233-1495**

CR2E034 (4/97)