

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000052052 (6)

1. Corporation Name
MEDITEK THERAPY, INC.

Principal Place of Business 825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131	Mailing Address 777 S. FLAGLER DRIVE SUITE 1201 E WEST PALM BEACH FL 32401
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 250 S. AUSTRALIAN AVE Suite, Apt. #, etc. 22 9th FLOOR City & State 23 WEST PALM BEACH, FL Zip 24 33401		2a. Mailing Address 26 250 S. AUSTRALIAN AVE Suite, Apt. #, etc. 27 9th FLOOR City & State 28 WEST PALM BEACH, FL Zip 29 33401		3. Date Incorporated or Qualified 07/26/1993	
				4. FEI Number 65-0438078	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	CO-CHAIR/DIRECTOR
NAME	MENDELSON, VICTOR H	1.2 NAME	LE RICHEY
STREET ADDRESS	825 S. BAYSHORE DRIVE, SUITE 1650	1.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th FLOOR
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DP	2.1 TITLE	PRES/CEO
NAME	PAUL, JOSEPH A	2.2 NAME	JOSEPH A. PAUL
STREET ADDRESS	825 S. BAYSHORE DRIVE, SUITE 1650	2.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th FLOOR
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	CFO	3.1 TITLE	V PRES/COO
NAME	MOOR, WAYNE	3.2 NAME	WAYNE MOOR
STREET ADDRESS	777 S. FLAGLER DRIVE, #1201 E	3.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th FLOOR
CITY-ST-ZIP	W. PALM BEACH FL 33401	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	AS	4.1 TITLE	CO-CHAIR/DIRECTOR
NAME	SHAW, ANDREW PAUL	4.2 NAME	KETH HARTLEY
STREET ADDRESS	777 S. FLAGLER DRIVE, #1201 E	4.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th FLOOR
CITY-ST-ZIP	W. PALM BEACH FL 33401	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		5.1 TITLE	501
NAME		5.2 NAME	FRANCIS J. HARRIS, JR.
STREET ADDRESS		5.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th FLOOR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

WAYNE MOOR

4/10/98

561-832-1766

CR2E034 (10/97)