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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P93000052052 (6)

MEDITEK THERAPY, INC.

FILED May 07 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						rr 등학(명: 현11)후 11명(6 원명(부) 위(1)후 6)후) 1명명(
825 SOUTH BAYSHORE DRIVE 777 S. FLAGLER DRIVE						
SUITE 1850 MIAMI FL 33131		SUITE 1201 E West Palm Beach Fl 32401		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					 Date Incorporated or Qualified 07/26/1993 	
9 Principal Pr	ace of Business	2a, Mailing Address			4. FEI Number	LAnnilled For
21 250	S. AVSTRALIAN AV	E 26 850 S. AUS	12090	AN A		Applied For Not Applicable
Suite, Apt #, etc. Suite, Apt. #, etc. 27 9th Frosk 27 9th Frosk					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				1	6. Election Campaign Financing	\$5.00 мау Ве
23 WEST PAIN BOACH, FL 28 WEST PAIN BOAC			DICH!	FL	Trust Fund Contribution	Added to Fees
Zip 33 40	Country	Zip 33401 30	Countr	,	8. This corporation owes or has pair	· · · · · · · · · · · · · · · · · · ·
24 38 40	9. Name and Address of Curren	_ 11 =	L		Personal Property Tax due June 10. Name and Address of New Reg	
CORPORATION SERVICE COMPANY 81 Name						
1904 HAVE STREET						
TALLAHASSEE FL 32301			62	Street Address (P.O. Box Number is Not Acceptable)		
•			83			
1			84	City		85 Zip Code
	10	0 1000 1500 50 11 50		L		<u> </u>
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 agri			ent signature i	required when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	MENDELSON, VICTOR H	POPETELE	1.1 TITLE		CO-CHAIR DIRECTOR	Change Addition
NAME	825 S. BAYSHORE DRIVE, SI	NTE 1850	1.2 NAME		LE RICHEY 250 S. AUSTRALIAN !	TE OH FROM
STREET ADDRESS	MIAMI FL 33131	OHE 1850		ADDRESS	250 S. AUSTRALIAN	mul
CITY-ST-ZIP	OP DP	DELETE	1.4 CITY-	ST-ZIP	WEST PAUN BONCH, P	Change Addition
TITLE	PAUL, JOSEPH A	DETE IE	2.1 TITLE	1	The state of the s	ì
NAME	825 S. BAYSHORE DRIVE, SI	ITE 1850	2.2 NAME		JOSEPH A. PALL	- all Core
STREET ADDRESS	MIAMI FL 33131	577E 1050	23 STREE	r address	2505 MUSTICALIAN INV	32//01
CITY-ST-ZIP	CFO	DELETE	2.4 CITY-	ST-ZIP	JOSEPH H. PARL JSO S. ANSTRALIAN AN WEST PARM BEACH, FL	Change Addition
TITLE	MOOR, WAYNE	T DETELE	3.1 TITLE	ŀ	V PICES / CPO	
NAME	777 S. FLAGLER DRIVE, #12	01 F	3.2 NAME	1000500	USYNE MOOK 250 S. AUSTRALIAN AV	r all Game
STREET ADDRESS	W. PALM BEACH FL 33401	v. E		ADORESS	250 3. MUSTERCHAN TO	22401
CITY-ST-ZIP	AS	™ ,DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP	CO-CHAIN DINCETON	Change Addition
1 1	SHAW, ANDREW PAUL	Scheen		i	U - CHAIRI BIRGOTO	Charge Especiation
NAME OTOSET ADDRESS	777 S. FLAGER DRIVE. #120	1 F	4. 2 NAME	T ADDRESS	KETTH HARTIEY 2505 AUSTRALIAN AN	E, 9th Frank
STREET ADDRESS	W. PALM BEACH FL 33401	'-			week of a property of	. 22//01
CITY-ST-ZIP	TI FILM DESCRIPE COTO	DELETE	4.4 CITY-S		SEL	Change Maddition
··· -			5.2 NAME		CLOUNT HARVINS	TO COMPANY OF THE PARK OF THE
NAME DEPOSE ADDRESS		i		, annoren	FLANCY J. HARRINS, 350 S. AVETRALIAN AL WEST PARM BOALH, FL	= sh have
STREET ADDRESS		1	5.3 STREET	AUUMESS	Upor Dana Dana C	22401
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	SI-ZIP	WOST YMEN BOHILH, PL	Change Addition
NAME			6.2 NAME	1		- Consignation
1		1		, annerge		}
STREET ADDRESS			6.3 STREE	ADDHESS		į

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:

My

WATER MOOR

4/10/18

561-832-1766