2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 250 S AUSTRALIAN AVE

3. Mailing Address

W PALM BEACH FL 33401-5018

9TH FL

DOCUMENT # **P93000052052**

1. Entity Name

MEDITEK THERAPY, INC.

Principal Place of Business

2. Principal Place of Business

250 S AUSTRALIAN AVE

W PALM BEACH FL 33401

9TH FL

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Zip 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.C 1201 HAYS STREET TALLAHASSEE FL 32301 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whi FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. CCD Delete TITLE TITLE RICHEY, LE NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FL CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 Delete TITLE PAUL, JOSEPH A NAME NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FL CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 Delete TITLE MOOR, WAYNE NAME STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 TITLE □ Delete TITLE HARTLEY, KEITH NAME 250 S AUSTRALIAN AVE, 9TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 Delete TITLE HARKIN, JR FRANCIS J NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FL CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL 33401 ☐ Delete TITLE TITLE NAME NAME

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90043 009 ***150.00



DO NOT WRITE IN THIS SPACE FEI Number 65-0438078						
Not Applicable \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required Pee R	DO NOT W	RITE IN THIS SF	PACE			
S. Certificate of Status Desired	1. FEI Number 65-04380)78	<u> </u>			
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAUL ANDREW SHAW