

9/12/01-90014-018-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 24 PM 1:18

DOCUMENT # **P93000052052**

1. Entity Name

MEDITEK THERAPY, INC. **41**

Principal Place of Business

250 S AUSTRALIAN AVE
9TH FL
W PALM BEACH FL 33401
US

Mailing Address

250 S AUSTRALIAN AVE
9TH FL
W PALM BEACH FL 33401
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0438078**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐**FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCFO
SHAW, PAUL ANDREW
250 S AUSTRALIAN AVE, 9TH FL
W PALM BEACH FL 33401 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PAUL, JOSEPH A
250 S AUSTRALIAN AVENUE, 9TH FL
W PALM BEACH FL 33401 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Leon F. Maat
250 S. Australian Avenue 9th Floor
West Palm Beach FL 33401 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
HARTLEY, KEITH
250 S AUSTRALIAN AVE, 9TH FL
W PALM BEACH FL 33401 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Glen-KASSAN
250 S. Australian Avenue 9th Floor
West Palm Beach FL 33401 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
SP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: **SP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)