FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUN 16 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000052993 (1)**

1. Corporation Name
MEDITEK-HE, INC.

Principal Place of Business	Mailing Address
825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131	825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131-2920

3. Date Incorporated or Qualified: 07/29/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1395 S. Pinellas Ave
22: Suite, Apt. #, etc.
23: City & State: Tarpon Springs FL
24: Zip: 33688 25: County

2a. Mailing Address
26: 777 S FLAGLER DR
27: Suite 1201E
28: City & State: West Palm Bch FL
29: Zip: 33401 30: Country

4. FEI Number: 59-3204188 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ 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
83
84 City: Tallahassee, FL 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: Maureen Cullen — Maureen W. Cullen — 6/13/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	700002215387--ED	☐ Change ☐ Addition
NAME	MENDELSON, VICTOR M		1.2 NAME	-06/18/97--01074--012	
STREET ADDRESS	825 S.BAYSHORE DR #1650		1.3 STREET ADDRESS	****165.00 ****165.00	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
TITLE	DC	☐ DELETE	2.1 TITLE	C	☒ Change ☐ Addition
NAME	MENDELSON, LAURANS		2.2 NAME		
STREET ADDRESS	825 S BAYSHORE DR SUITE 1650		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE	P	☒ Change ☐ Addition
NAME	PAUL, JOSEPH A		3.2 NAME		
STREET ADDRESS	825 S BAYSHORE DR SUITE 1650		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	DTV	☒ DELETE	4.1 TITLE	VP/AS	☐ Change ☒ Addition
NAME	IRWIN, THOMAS		4.2 NAME	SHAW, PAUL ANDREW	
STREET ADDRESS	3000 TAFT ST		4.3 STREET ADDRESS	777 S. FLAGLER DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	WEST PALM BCH, FL 33401	
TITLE	S	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VETTER, JUDITH		5.2 NAME		
STREET ADDRESS	825 S BAYSHORE DR. STE. 1650		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MENDELSON, ERIC		6.2 NAME		
STREET ADDRESS	3000 TAFT STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] 6/13/97