

9/12/01-90014-017-\$550.00-\$550.00

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

01 SEP 24 AM 11:24

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000052993				1. Entity Name MEDITEK-HE, INC. <i>41</i>	
Principal Place of Business 250 S AUSTRALIAN AVENUE 9TH FLOOR WEST PALM BEACH FL 33401 US			Mailing Address 250 S AUSTRALIAN AVENUE 9TH FLOOR WEST PALM BEACH FL 33401 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3204188	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent 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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VCPO SHAW, PAUL A 250 S AUSTRALIAN AVENUE, 9TH FLOOR WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SHAW, PAUL A 250 S AUSTRALIAN AVENUE, 9TH FLOOR WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PAUL, JOSEPH A 250 S AUSTRALIAN AVENUE 9TH FL W PALM BCH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Leon F. Mariet 250 S AUSTRALIAN AVENUE 9TH FLOOR WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD HARTLEY, KEITH 250 S AUSTRALIAN AVENUE, 9TH FLOOR W PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCD Glen Kassar 250 S AUSTRALIAN AVENUE 9TH FLOOR WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. 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 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: <i>[Signature]</i> SP					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					

CR2E034 (5/01)