FILED ¹ 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P93000072060 1. Entity Name 05-15-2001 90145 016 ***150.00 MEDITEK-PALMS, INC. Principal Place of Business Mailing Address 1611 PASADENA AVENUE SOUTH 250 S AUSTRALIAN AVENUE 765000 ST. PETERSBURG FL 33707 9TH FLOOR WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3258435 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE **PCEO** N Delete TITLE - Arence South 9th From NAME PAUL, JOSEPH A STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete TITLE TITLE NAME HARTLEY, KEITH NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Addition ☐ Change ☐ Delete TITLE **VCFO** TITLE NAME SHAW, PAUL A STREET ADDRESS STREET ADDRESS 230 S. AUSTRALIAN AVE, 9TH FL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33461 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/19/0, (501)

Daytime Phone #