

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 MAY -1 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94 0000 47 220

1. Corporation Name

Medi-Tek - Premier North, Inc.

600001485936
-05/12/95--01063--004
3800.00 *200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
825 S. Bayshore Dr. 825 S. Bayshore Dr.
Suite 1650 Suite 1650
Miami, FL 33131 Miami, FL 33131

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
6/20/94	
4. FEI Number	Applied For
59-3258436	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
7. This corporation has liability for intangible tax under C. 199.037, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Mendelson, Victor H. Esq. 825 S. Bayshore Dr. 3000 Taft Street Hollywood, FL 33021	B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____
Signature of officer or director of registered agent and the corporation Signature of registered agent or other person required when reconstituting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Joseph	12 NAME	
STREET ADDRESS	825 S. Bayshore Dr. # 1650	13 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	14 CITY, ST, ZIP	
TITLE	DC	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendelson, Laurans	22 NAME	
STREET ADDRESS	825 S. Bayshore Dr. # 1650	23 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	24 CITY, ST, ZIP	
TITLE	DTV	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irwin, Thomas S.	32 NAME	
STREET ADDRESS	3000 Taft Street	33 STREET ADDRESS	
CITY, ST, ZIP	Hollywood, FL 33021	34 CITY, ST, ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vetter, Judith	42 NAME	
STREET ADDRESS	825 S. Bayshore Dr. # 1650	43 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	44 CITY, ST, ZIP	
TITLE	DV	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendelson, Victor	52 NAME	
STREET ADDRESS	825 S. Bayshore Dr. # 1650	53 STREET ADDRESS	
CITY, ST, ZIP	Miami, FL 33131	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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] DATE: 3/30/95 305 374-1745
SIGNATURE AND PRINTED NAME OF SIGNER TITLE Telephone Number