FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P94000047220 (6) MEDITEK-PREMIER NORTH, INC. 41 51 Principal Place of Business Mailing Address 2030 POWERS FERRY RD. 777 S. FLAGLER DRIVE #1201F 4140 ATLANTA GA 30339 WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3258436 250 5. AUSTRAJAN AVE Suilo, Apt #, etc. 2030 POWERS FERRY RD Not Applicable \$8.75 Additional 5. Certificate of Status Desired OTH FLOOR Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ATLANTA Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes You Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 84 City 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 Stgnature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2

OLAR LITURGAN

Addition OFFICERS AND DIRECTORS 12. 13. DELETE CO-CHAIR DIRECTOR TITLE 11 TITLE MENDELSON, LAURANS LE KICHEY NAME 1.2 NAME 250 S. AUSTRALIAN AE, 9th FLOOR 825 S BAYSHORE DR SUITE 1650 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY-ST-ZIP CEOP DELETÉ PRES/CED TITLE 2.1 TITLE PAUL, JOSEPH A 2.2 NAME NAME JOSEPH A. PAUL 777 S. FLAGLER DRIVE 250 S. AUSTRALIAN AVE, WEST PALM BOACH, FL 9th FLOOR 2.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY - ST- ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE CO - OHAIR DIRECTOR SHAW, PAUL ANDREW KETTH HOMEREY 32 NAME NAME 9th Frank 777 \$. FLAGLER DRIVE 3.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE SHAW, PAUL ANDREW 4.2 NAME 777 S. FLAGLER DRIVE 4.3 STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33401 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE VARES/LFO TITLE NAME 5.2 NAME WAYNE MOOR

CITY-ST-ZIP

6.4 CiTY-ST-ZIP

WEST PAYN BEACH & 33401

14. 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 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 altaphrient with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

6 1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4/18/98 561-832-1766

Addition

250 3 AUSTRALIAN AVE, 9th FLOOR WEST PAIN BETCH, FL 33401

AUSTRALIAN AVE, 9th GOOK

FRANCIS J. HARKINS JR.

FILED