FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***3800.00 ****200.00

DOCUMENT # **P94000047226 (3)**

1. Corporation Name
MEDITEK ANESTHESIA, INC.

Principal Place of Business	Mailing Address
825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131	825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 59-3258437 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: Suite 1650
Suite, Apt. #, etc. — 27: Suite 1650
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24: / County — 25:
Zip — 29: / County — 30:
8. This corporation has ability to transact business in Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR
825 S BAYSHORE DR
SUITE 1643
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MENDELSON, LAURANS 825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	DC #1650	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D MENDELSON, VICTOR 825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	DV #1650	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D PAUL, JOSEPH A 825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	DP #1650	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D IRWIN, THOMAS S 825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	DVT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	S Vetter, Judith 825 S. Bayshore Dr. #1650 Miami FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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 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: _____ VICTOR H. MENDELSON 3/30/95 (305) 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120700 CP