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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P94000047226 (3)

MEDITEK ANESTHESIA, INC. Principal Place of Business Mailing Address 825 \$ BAYSHORE DR 825 \$ BAYSHORE DR									
SUITE 1650 Miami FL 33131		SUITE 1650 MIAMI FL 33131			3. Date Incorporated or Qualified 06/20/1994		of Last Re 05/01/1		
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	.1		Applied For
21		26			59-3258437				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees			
Zip	Country	Ζιρ	Cour	ntry		8. This corporation has liability for		ax under s	199.032,
24	25	29	30				⊠ No	A	
	9. Name and Address of Curren	t Registered Agent		77	NI.	10. Name and Address of New I	registered	Agent	
				81	Name				
MENDELSON, VICTOR 825 S BAYSHORE DR				82	Street /	ddress (P.O. Box Number is Not Acceptable)			
SUITE	1643		ļ	83					
MIAMI			84	City			85 Z	p Code	
SIGNATURE	Stynature, typed or printed number of registered agent	and Bibli Egystecks (N D DIRECTORS [] DELETE	13. 1.11 1.2 No.	Ager TLE AME		orporation submits this statement for the publicand of directors. I hereby accept the appropriate vitin reliability: ADDITIONS/CHANGES 10 OF -05/28/9601 ***4800.00	DATE FICERS AND 402 0220	D DIRECTO	DRS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MENDELSON, VICTOR 825 S BAYSHORE DR SUITE 1643 MIAMI FL 33131 DP PAUL, JOSEPH A 825 S BAYSHORE DR SUITE 1650 MIAMI FL 33131			AME TREFT	i address St-Zip	-> #1650		Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				AME STREE	I ADDRESS ST-ZIP			Change	Addition
TITLE NAME	DVT IRWIN, THOMAS S	☐ DEFELE	4.11 4.2 N	ITLF	<u> </u>	DTV		◯ Change	Addition
STREET ADDRESS	825 S BAYSHORE DR SUI MIAMI FL 33131	TE 1643			i address S1-7ip	-7 #1650			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VETTER,JUDITH 825 S. BAYSHORE DR 16 MIAMI FL 33131	DELETE 50		IAME STREE	T ADDRESS S1-ZIP			Change	Addition
TITLE	MICHAEL F OO LO I	DELETE	6 1		****	\mathcal{D}		☐ Change	🗖 Addition
NAME STREET ADDRESS		Lead 1.1	62 N	IAME		Mendelson, Eric 3000 Tast Street	+		,

STREET ADDRESS
CITY-ST-ZIP

14. Ldo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(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 Bropk 13 if changed, or on an attachment with an address.

SIGNATURE: <

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR