

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000047226 (3)

1. Corporation Name

MEDITEK ANESTHESIA, INC. #119

Principal Place of Business

825 S BAYSHORE DR
SUITE 1650
MIAMI FL 33131

Mailing Address

777 S. FLAGLER DRIVE
SUITE 1201E
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

4. FEI Number

59-3258437

Applied For

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 250 S. AUSTRALIAN AVE

Suite, Apt. #, etc.

22 9TH FLOOR

City & State

23 WEST PALM BEACH, FL

Zip

24 33401

Country

2a. Mailing Address

26 250 S. AUSTRALIAN AVE

Suite, Apt. #, etc.

27 9TH FLOOR

City & State

28 WEST PALM BEACH, FL

Zip

29 33401

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C MENDELSON, LAURANS ☒ DELETE

NAME 825 S BAYSHORE DR SUITE 1650
STREET ADDRESS MIAMI FL 33131
CITY-ST-ZIP

TITLE P ☐ DELETE

NAME PAUL, JOSEPH A
STREET ADDRESS 825 S BAYSHORE DR SUITE 1650
CITY-ST-ZIP MIAMI FL 33131

TITLE VPAS ☒ DELETE

NAME SHAW, PAUL ANDREW
STREET ADDRESS 777 S. FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE CFO ☒ DELETE

NAME SHAW, PAUL ANDREW
STREET ADDRESS 777 S. FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CO-CHAIR/DIRECTOR ☐ Change ☒ Addition

1.2 NAME LE RICHES
1.3 STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH FLOOR
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE PRES/CEO ☒ Change ☐ Addition

2.2 NAME JOSEPH A. PAUL
2.3 STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH FLOOR
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

3.1 TITLE CO-CHAIR/DIRECTOR ☐ Change ☒ Addition

3.2 NAME KEITH HARTLEY
3.3 STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH FLOOR
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE VPRES/CEO ☐ Change ☒ Addition

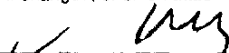
5.2 NAME WAYNE MOOR
5.3 STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH FLOOR
5.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME FRANCIS J. HARRIS, JR
6.3 STREET ADDRESS 250 S. AUSTRALIAN AVE, 9TH FLOOR
6.4 CITY-ST-ZIP WEST PALM BEACH, FL 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 attachment with an address.

SIGNATURE:



WAYNE MOOR

4/10/98

561-832-7766

CR2E034 (10/97)