

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90062 026 \*\*\*150.00

DOCUMENT # P94000047226

1. Corporation Name  
MEDITEK ANESTHESIA, INC.

Principal Place of Business  
250 S AUSTRALIAN AVENUE  
9TH FLOOR  
WEST PALM BEACH FL 33401  
US

Mailing Address  
250 S AUSTRALIAN AVENUE  
9TH FLOOR  
WEST PALM BEACH FL 33401  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/20/1994

4. FEI Number  
59-3258437

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME RICHEY, LE  
STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CEO  
NAME PAUL, JOSEPH A  
STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CCD  
NAME HARTLEY, KEITH  
STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPCF  
NAME MOOR, WAYNE  
STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME HARKING, JR FRANCIS J  
STREET ADDRESS 250 S AUSTRALIAN AVENUE, 9TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Moor 561-832-1766

Date

Daytime Phone #

CR2E034 (11/98)