

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047226

1. Entity Name
MEDITEK ANESTHESIA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State
05-16-2000 90043 001 ***150.00

Principal Place of Business Mailing Address
250 S AUSTRALIAN AVENUE 250 S AUSTRALIAN AVENUE
9TH FLOOR 9TH FLOOR
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-5018
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3258437** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RICHEY, LE	
STREET ADDRESS	250 S AUSTRALIAN AVENUE, 9TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	PAUL, JOSEPH A	
STREET ADDRESS	250 S AUSTRALIAN AVENUE, 9TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CCD	<input type="checkbox"/> Delete
NAME	HARTLEY, KEITH	
STREET ADDRESS	250 S AUSTRALIAN AVENUE, 9TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	SHAW, PAUL ANDREW	
STREET ADDRESS	777 S. FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	MOOR, WAYNE	
STREET ADDRESS	250 S AUSTRALIAN AVENUE, 9TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HARKING, JR FRANCIS J	
STREET ADDRESS	250 S AUSTRALIAN AVENUE, 9TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VCFD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL ANDREW SHAW	
STREET ADDRESS	250 S. AUSTRALIAN AVE, 9th FL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Andrew Shaw PAUL ANDREW SHAW 4/20/00 561/832-1766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)