

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000047228 (9)

1. Corporation Name
MEDITEK-GWINNET, INC.

FILED
97 JUN 23 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
825 S BAYSHORE DR
SUITE 1643
MIAMI FL 33131-2820

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 777 S. FLAGLER DR

Suite, Apt. #, etc.

27 SUITE 1201E

City & State

28 W. PALM BLVD, FL

Zip

29 33401

Country

30

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3258168

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City
Tallahassee, FL
85 Zip Code
32301

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 *Karen B. Rozar*
(Signature, typed name of registered agent and fee if applicable)

Karen B. Rozar, As Its Agent

DATE 6-23-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	MEDELEON, LAURANS	825 S BAYSHORE DR SUITE 1650	MIAMI FL 33131	☐
OV	MEDELEON, VICTOR	825 S BAYSHORE DR SUITE 1650	MIAMI FL 33131	☒
DP	PAUL, JOSEPH A	825 S BAYSHORE DR SUITE 1650	MIAMI FL 33131	☐
DTV	IRWIN, THOMAS S	825 S BAYSHORE DR SUITE #1650	MIAMI FL 33131	☒
S	VETTER, JUDITH	825 S.BAYSHORE DR #1650	MIAMI FL 33131	☒
D	MEDELSON, ERIC	3000 TAFT STREET	HOLLYWOOD FL 33021	☒

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
1.1	NAME			☒	☒
1.2	NAME				
1.3	STREET ADDRESS				
1.4	CITY-ST-ZIP				
2.1	TITLE			☐	☐
2.2	NAME				
2.3	STREET ADDRESS				
2.4	CITY-ST-ZIP				
3.1	TITLE			☒	☐
3.2	NAME				
3.3	STREET ADDRESS				
3.4	CITY-ST-ZIP				
4.1	TITLE			☐	☒
4.2	NAME	VP/ASST CO SHAW, PAUL ANDREW			
4.3	STREET ADDRESS	777 S. FLAGLER DRIVE			
4.4	CITY-ST-ZIP	W. PALM BEACH, FL 33401			
5.1	TITLE			☐	☐
5.2	NAME				
5.3	STREET ADDRESS				
5.4	CITY-ST-ZIP				
6.1	TITLE			☐	☐
6.2	NAME				
6.3	STREET ADDRESS				
6.4	CITY-ST-ZIP				

14. I do 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.

CR2E034 (9/96)