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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME

May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P94000047228 (9) MEDITEK-GWINNET, INC. Principal Place of Business Mailing Address 825 S BAYSHORE OR SUITE 1643 777 S. FLAGLER DR. SUITE 1201 E MIAMI FL 33131 W. PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/20/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 250 S. AUSMRUAN AVE 2505. AUGMALIAN AVE 59-3258168 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 9th frost 9th FLOOR Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing WEST PALM BOACH WEST PAM Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET 62 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and titld if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS,IN 2 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change TITLE CO-CHAIR DIRECTOX MENDELEON, LAURANS 1.2 NAME NAME LE KICHEM 5. AUSTRALIAN AVE, 9th FLOOR 825 S BAYSHORE DR SUITE 1650 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY-ST-ZIP WEST PAIN BEACH, FL 3340, DELETE 21 TITLE TITLE PRES/CED PAUL, JOSEPH A 2.2 NAME NAME TOSEPH 825 S. BAYSHORE DR SUITE 1650 2.3 STREET ADDRESS STREET ADDRESS 250 5 AVSTRAYAN **MIAMI FL 33131** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE CO-CHAIR DIRECTOR 3.1 TITLE SHAW, PAUL ANDREW KETTH HARTIEY 250 S. AUSTRALIAN AVE, 9th LIGH 3.2 NAME NAME 777 S. FLAGLER DRIVE 3.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33401 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TATLE SHAW, PAUL ANDREW 4. 2 NAME NAME 777 S. FLAGLER DRIVE 4.3 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33401 CITY-ST-ZIP 4.4 CITY-ST-ZIP **Addition** DELETE Change 5.1 TITLE TITLE VPRES/CFO 5.2 NAME NAME WAYNE MOOR 2505 AUSTRALIAN AVE, WEST PALM BEACH, FL 9th GOOK 53 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

FRANCIS J. HARRINS, JR

250 S. AUSTRALIAN AVE

561-132-1766

6.1 TITLE

6.2 NAME

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.

DELETE

My

FILED