

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED  
97 AUG -7 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054997 (8)

1. Corporation Name  
MEDITEK-PBGMRI, INC.

Principal Place of Business

Mailing Address

825 S. BAYSHORE DR.  
STE 1650  
MIAMI FL 33131

825 S. BAYSHORE DR.  
STE 1650  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 777 S. FLAGLER DR

Suite, Apt. #, etc.

22 1701 E

City & State

23 W. PALM BEACH, FL

Zip

24 33401

Country

25 WPB

2a. Mailing Address

26 777 S. FLAGLER DR

Suite, Apt. #, etc.

27 1701 E

City & State

28 W. PALM BEACH, FL

Zip

29 33401

Country

30 WPB

3. Date Incorporated or Qualified

07/13/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0599316

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

9. Name and Address of Current Registered Agent

MENDELSON, VICTOR H  
3000 TAFT ST  
HOLLYWOOD FL 33021

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.

Karen B. Rozar, As Its Agent

8-7-97

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DV	MENDELSON, VICTOR H	825 S. BAYSHORE DR. STE 1650	MIAMI FL 33131	<input checked="" type="checkbox"/>
DC	MENDELSON, LAURAN S	825 S. BAYSHORE DR. STE 1650	MIAMI FL 33131	<input type="checkbox"/>
S	VETTER, JUDITH	825 S. BAYSHORE DR. STE 1650	MIAMI FL 33131	<input type="checkbox"/>
DP	PAUL, JOSEPH A	825 S. BAYSHORE DR. STE 1650	MIAMI FL 33131	<input checked="" type="checkbox"/>
D	MENDELSON, ERIC	3000 TAFT ST.	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
DTV	IRWIN, THOMAS S	3000 TAFT ST.	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

CHIEF FINANCIAL OFFICER  
WAYNE MOOR  
777 S. FLAGLER DR # 1701 E  
W. PALM BEACH, FL 33401

ASST SECRETARY  
ANDREW PAUL SHAW  
777 S. FLAGLER DR # 1701 E  
W. PALM BEACH, FL 33401

8/7/97

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.

SIGNATURE

SIGNATURE REQUIRED

CP2E034 (4/97)