## 2600 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000042371 May 16, 2000 8:00 am Secretary of State MEDITEK-BROWARD, INC. 05-16-2000 90043 039 \*\*\*150.00 Mailing Address Principal Place of Business 250 S AUSTRALIAN AVE 4461 N. FEDERAL HIGHWAY OAKLAND PARK FL 33308 9TH FLOOR WEST PALM BEACH FL 33401-5018 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0665412 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ve fo CD TITLE **X** Delete TITLE PAUL ANDROW SHAW LE RICHEY NAME 250 S. AUSTRALIAN AVE, 9th R NAME STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FLOOR STREET ADDRESS FL 33401 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME PAUL, JOSEPH NAME 250 S AUSTRALIAN AVE, 9TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition TITLE ☐ Delete TITLE KEITH HARTLEY NAME NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change ☐ Addition Delete TITLE TITLE NAME **WAYNE MOOR** NAME STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP W PALM BCH FL 33401 TITLE ☐ Change ☐ Addition Delete TITLE FRANCIS J HARKINS JR NAME NAME STREET ADDRESS STREET ADDRESS 250 S AUSTRALIAN AVE, 9TH FL CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33401 ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

56/832-1766

Daytime Phone #