

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S34023 (9)

1. Corporation Name

MEDITEK HEALTH CARE MANAGEMENT, INC.



Principal Place of Business

825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131

Mailing Address

825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131

3. Date Incorporated or Qualified

02/26/1991

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DTV
IRWIN, THOMAS
3000 TAFT STREET
HOLLYWOOD FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

-> 33021

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MENDELSON, LAUTANS
825 S. BAYSHORE DR #1650
MIAMI FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

-> Laurans

-> 33131

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PAUL, JOSEPH
825 S. BAYSHORE DR #1650
MIAMI FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

DP

-> 33131

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
S
VETTER, JUDITH
825 S. BAYSHORE DR 1650
MIAMI FL 33131

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MEUDELSON, VICTOR H.
825 S. BAYSHORE DR 1650
MIAMI FL 33131

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

DP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000001840260
-05/28/96--01022--038
***4800.00

25/1/94

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR H. MENDELSON

4/26/96

(303) 374-1715

CR2E034 (12/95)