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

FILED
97 JUN 16 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 33131-2920

3. Date Incorporated or Qualified: 02/26/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 777 S. FLAGLER DR
Suite, Apt. #, etc.
27 SUITE 1701E
City & State
28 W. PALM BEACH, FL.
Zip 29 33401 Country 30

4. FEI Number: 59-3057516 — 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
MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
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 FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0505 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: Maureen Cullen — MAUREEN W. CULLEN — 6/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DTV	☒ DELETE
NAME	IRWIN,THOMAS	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DC	☐ DELETE
NAME	MENDELSON, LAURANS	
STREET ADDRESS	825 S. BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	☐ DELETE
NAME	PAUL, JOSEPH	
STREET ADDRESS	825 S. BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	☒ DELETE
NAME	VETTER,JUDITH	
STREET ADDRESS	825 S.BAYSHORE DR 1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	☒ DELETE
NAME	MEUDELSON,VICTOR H.	
STREET ADDRESS	825 S. BAYSHORE DR 1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	C	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	NP/CFO/AS	☐ Change ☒ Addition
6.2 NAME	SHAW, PAUL ANDREW	
6.3 STREET ADDRESS	777 S. FLAGLER DR	
6.4 CITY-ST-ZIP	W. PALM BEACH, FL 33401	

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****165.00 ****165.00

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

CR2E034 (9/96)