

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 13 1998 8:00am  
Secretary of State

DOCUMENT # S34023 (9)

1. Corporation Name  
MEDITEK HEALTH CARE MANAGEMENT, INC. # 119

Principal Place of Business  
825 SOUTH BAYSHORE DRIVE  
SUITE 1650  
MIAMI FL 33131

Mailing Address  
777 S. FLAGLER DRIVE  
SUITE 1201E  
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 250 S. AUSTRALIAN AVE

Suite, Apt. #, etc.  
22 9th FLOOR

City & State  
23 WEST PALM BEACH, FL

Zip  
24 33401

2a. Mailing Address

26 250 S. AUSTRALIAN AVE

Suite, Apt. #, etc.  
27 9th FLOOR

City & State  
28 WEST PALM BEACH, FL

Zip  
29 33401

3. Date Incorporated or Qualified

02/26/1991

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C MENDELSON, LAURANS  
825 S. BAYSHORE DR #1650  
MIAMI FL 33131

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P PAUL, JOSEPH  
825 S. BAYSHORE DR #1650  
MIAMI FL 33131

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO SHAW, PAUL ANDREW  
777 S. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS SHAW, PAUL ANDREW  
777 S. FLAGLER DRIVE  
WEST PALM BEACH FL 33401

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
CO CHAIR/DIRECTOR  
LE LICHAY  
250 S. AUSTRALIAN AVE, 9th FLOOR  
WEST PALM BEACH, FL 33401

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
PRES/CEO  
JOSEPH A. PAUL  
250 S. AUSTRALIAN AVE, 9th FLOOR  
WEST PALM BEACH, FL 33401

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
CO-CHAIR/DIRECTOR  
KEITH HARTLEY  
250 S. AUSTRALIAN AVE, 9th FLOOR  
WEST PALM BEACH, FL 33401

☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
VPRES/CFO  
WAYNE MOORE  
250 S. AUSTRALIAN AVE, 9th FLOOR  
WEST PALM BEACH, FL 33401

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
SEC  
FRANCIS J. HARKINS, JR  
250 S. AUSTRALIAN AVE, 9th FLOOR  
WEST PALM BEACH, FL 33401

☐ Change ☒ Addition

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.

SIGNATURE:

LM

LAURANCE MOORE

4/10/98 561-832-1766

CR2E034 (10/97)