

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S34023**

1. Entity Name

**MEDITEK HEALTH CARE MANAGEMENT, INC.****FILED****May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90043 047 \*\*\*150.00

Principal Place of Business

Mailing Address

250 S AUSTRALIAN AVENUE  
9TH FLOOR  
WEST PALM BEACH FL 33401  
US250 S AUSTRALIAN AVENUE  
9TH FLOOR  
WEST PALM BEACH FL 33401-5018  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3057516**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
RICHEY, LE  
250 S AUSTRALIAN AVENUE 9TH FLOOR  
WEST PALM BEACH FL 33401 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
YCFO  
PAUL ANDREW SHAW  
250 S. AUSTRALIAN AVE, 9TH FL  
WEST PALM BEACH, FL 33401 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
PAUL, JOSEPH  
250 S AUSTRALIAN AVENUE 9TH FLOOR  
WEST PALM BEACH FL 33131 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
HARTLEY, KEITH  
250 S AUSTRALIAN AVENUE 9TH FLOOR  
WEST PALM BEACH FL 33401 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPC  
MOOR, WAYNE  
250 S AUSTRALIAN AVENUE 9TH FLOOR  
WEST PALM BEACH FL 33401 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HARKINS, FRANCIS J J  
250 S AUSTRALIAN AVENUE 9TH FLOOR  
WEST PALM BEACH FL 33401 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

PAUL ANDREW SHAW

Date

4/20/00

Daytime Phone #

561/832-1766

CR2E034 (9/99)