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 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S76664** (9)

1. Corporation Name
MEDITEK-WELLINGTON, INC.

Principal Place of Business	Mailing Address
825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131	825 SOUTH BAYSHORE DRIVE SUITE 1650 MIAMI FL 33131-2920

3. Date Incorporated or Qualified: 08/29/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 10101 Forest Hill Blvd
22: Suite, Apt. #, etc.
23: City & State: West Palm Bch FL
24: Zip: 33414
25: Country: US

2a. Mailing Address
26: 777 S. FLAGLER DR
27: Suite, Apt. #, etc.: SUITE 1201E
28: City & State: West Palm Bch FL
29: Zip: 33401
30: Country:

4. FEI Number: 59-3097375 ☐ 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 St.
83:
84 City: Tallahassee, FL 85 Zip Code: 32301

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: 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDELSON,VICTOR		1.2 NAME	400022159741--9
STREET ADDRESS	825 S.BAYSHORE DR #1650		1.3 STREET ADDRESS	-06/18/97--01074--013
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	DC	☐ DELETE	2.1 TITLE	C ☒ Change ☐ Addition
NAME	MENDELSON, LAURANS		2.2 NAME	
STREET ADDRESS	825 S. BAYSHORE DR.,#1650		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	P ☒ Change ☐ Addition
NAME	PAUL, JOSEPH		3.2 NAME	
STREET ADDRESS	825 S. BAYSHORE DR.,#1650		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33021		3.4 CITY-ST-ZIP	
TITLE	DTV	☒ DELETE	4.1 TITLE	VP/AS ☐ Change ☒ Addition
NAME	IRWIN, THOMAS		4.2 NAME	SHAW, PAUL ANDREW
STREET ADDRESS	3000 TAFT ST		4.3 STREET ADDRESS	777 S. FLAGLER DR
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	WEST PALM BCH, FL 33401
TITLE	S	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VETTER, JUDITH		5.2 NAME	
STREET ADDRESS	825 S BAYSHORE DR #1650		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MENDELSON, ERIC		6.2 NAME	
STREET ADDRESS	3000 TAFT STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		6.4 CITY-ST-ZIP	

6/10/97

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)