

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90054 046 \*\*\*150.00

<b>DOCUMENT # S76664</b> 1. Entity Name <b>MEDITEK-WELLINGTON, INC.</b>																																			
Principal Place of Business <b>250 S AUSTRALIAN AVENUE                  9TH FL                  W PALM BCH FL 33401                  US</b>		Mailing Address <b>250 S AUSTRALIAN AVE                  9TH FL                  W PLM BCH FL 33401-5018                  US</b>																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">NAME</td> </tr> <tr> <td></td> <td> <b>CCD</b>  <b>RICHEY, LE</b>  <b>250 S AUSTRALIAN AVE, 9TH FL</b>  <b>W PALM BEACH FL 33401</b> </td> <td></td> <td> <b>VCF</b>  <b>PAUL ANDREW SHAW</b>  <b>250 S. AUSTRALIAN AVE, 9TH FL</b>  <b>WEST PALM BEACH, FL 33401</b> </td> </tr> <tr> <td></td> <td> <b>PCEO</b>  <b>PAUL, JOSEPH A</b>  <b>250 S AUSTRALIAN AVENUE 9TH FL</b>  <b>W PALM BCH FL 33401</b> </td> <td></td> <td></td> </tr> <tr> <td></td> <td> <b>CCD</b>  <b>HARTLEY, KEITH</b>  <b>250 S AUSTRALIAN AVE 9TH FL</b>  <b>W PALM BEACH FL 33401</b> </td> <td></td> <td></td> </tr> <tr> <td></td> <td> <b>VPCF</b>  <b>MOOR, WAYNE</b>  <b>250 S AUSTRALIAN AVE, 9TH FL</b>  <b>W PALM BEACH FL 33401</b> </td> <td></td> <td></td> </tr> <tr> <td></td> <td> <b>S</b>  <b>HARKIN, JR FRANCIS J</b>  <b>250 S AUSTRALIAN AVE, 9TH FL</b>  <b>W PALM BEACH FL 33401</b> </td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME		<b>CCD</b> <b>RICHEY, LE</b> <b>250 S AUSTRALIAN AVE, 9TH FL</b> <b>W PALM BEACH FL 33401</b>		<b>VCF</b> <b>PAUL ANDREW SHAW</b> <b>250 S. AUSTRALIAN AVE, 9TH FL</b> <b>WEST PALM BEACH, FL 33401</b>		<b>PCEO</b> <b>PAUL, JOSEPH A</b> <b>250 S AUSTRALIAN AVENUE 9TH FL</b> <b>W PALM BCH FL 33401</b>				<b>CCD</b> <b>HARTLEY, KEITH</b> <b>250 S AUSTRALIAN AVE 9TH FL</b> <b>W PALM BEACH FL 33401</b>				<b>VPCF</b> <b>MOOR, WAYNE</b> <b>250 S AUSTRALIAN AVE, 9TH FL</b> <b>W PALM BEACH FL 33401</b>				<b>S</b> <b>HARKIN, JR FRANCIS J</b> <b>250 S AUSTRALIAN AVE, 9TH FL</b> <b>W PALM BEACH FL 33401</b>						
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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.																																			
<b>SIGNATURE:</b> _____ <b>PAUL ANDREW SHAW</b> <b>4/20/00</b> <b>561/832-1766</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			



DO NOT WRITE IN THIS SPACE