

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

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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S78820** (5)

1. Corporation Name
MEDITEK HEALTH CORPORATION #119

Principal Place of Business 777 S. FLAGLER DR. SUITE 1201E WEST PALM BEACH FL 33401	Mailing Address 777 S. FLAGLER DR. SUITE 1201E WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1991

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 25 250 S. AUSTRALIAN AVE Suite, Apt. #, etc. 26 9th Floor City & State 27 WEST PALM BEACH, FL Zip 28 33401	4. FEI Number 59-3095093 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MENDELSON, LAURANS 825 S. BAYSHORE DR. #1650 MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CO-CHAIR/DIRECTOR LE RICHEY 250 S. AUSTRALIAN AVE, 9th Floor WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAUL, JOSEPH 825 S. BAYSHORE DR. #1650 MIAMI FL <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SHAW, PAUL ANDREW 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHAW, PAUL ANDREW 777 S. FLAGLER DRIVE WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VPRES/CFO WAYNE MOOR 250 S. AUSTRALIAN AVE, 9th Floor WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Wayne Moor **WAYNE MOOR** 4/10/98 561-832-7666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E034 (10/97)