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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **V01143** **(9)**

1. Corporation Name

MEDITEK PALM BEACH GARDENS, INC.

000001485940
-05/12/95--01063--004
***3800.00 ****200.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1991
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 59-3106756 ☐ 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

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	☒ Change ☐ Addition	
NAME	STANLEY, PAUL	12 NAME	Delete Stanley, Paul	
STREET ADDRESS	8875 HIDDEN RVR PKWY 110	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	DC	21 TITLE	☒ Change ☐ Addition	
NAME	MENDELSON, LAURANS	22 NAME		
STREET ADDRESS	8875 HIDDEN RIVER PKWY	23 STREET ADDRESS	825 S. Bayshore Dr. #1650	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Miami FL 33131	
TITLE	DV	31 TITLE	DP ☒ Change ☐ Addition	
NAME	PAUL, JOSEPH	32 NAME		
STREET ADDRESS	8875 HIDDEN RIVER PKWY	33 STREET ADDRESS	825 S. Bayshore Dr. #1650	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Miami FL 33131	
TITLE	T	41 TITLE	DTV ☒ Change ☐ Addition	
NAME	IRWIN, THOMAS	42 NAME		
STREET ADDRESS	3000 TAFT ST	43 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	☒ Change ☐ Addition	
NAME	VETTER, JUDITH	52 NAME		
STREET ADDRESS	825 S BAYSHORE DR #643	53 STREET ADDRESS	#1650	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	DV ☐ Change ☒ Addition	
NAME		62 NAME	Mendelson, Victor H.	
STREET ADDRESS		63 STREET ADDRESS	825 S. Bayshore Dr. #1650	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami FL 33131	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ VICTOR H. MENDELSON 3/30/95 (305) 374-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130281 CP