

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V01143** (9)

1. Corporation Name

MEDITEK PALM BEACH GARDENS, INC.



Principal Place of Business

**825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131**

Mailing Address

**825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131**

3. Date Incorporated or Qualified
12/19/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

**MENDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD FL 33021**

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

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE
NAME **MENDELSON, VICTOR**
STREET ADDRESS **825 S. BAYSHORE DR 1650**
CITY - ST - ZIP **MIAMI FL 33131**

TITLE **DC** ☐ DELETE
NAME **MENDELSON, LAURANS**
STREET ADDRESS **825 S. BAYSHORE DR 1650**
CITY - ST - ZIP **MIAMI FL 33131**

TITLE **DP** ☐ DELETE
NAME **PAUL, JOSEPH**
STREET ADDRESS **8875 HIDDEN RIVER PKWY**
CITY - ST - ZIP **TAMPA FL**

TITLE **DTV** ☐ DELETE
NAME **IRWIN, THOMAS**
STREET ADDRESS **3000 TAFT ST**
CITY - ST - ZIP **HOLLYWOOD FL**

TITLE **S** ☐ DELETE
NAME **VETTER, JUDITH**
STREET ADDRESS **825 S BAYSHORE DR #643**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **300001840293** ☐ Change ☐ Addition
1.2 NAME **-05/28/96--01022--038**
1.3 STREET ADDRESS *****4800.00**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **→ 825 S. Bayshore Dr. #1650**
3.4 CITY - ST - ZIP **Miami, FL 33131**

4.1 TITLE **DTV** ☒ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS **→ 33021**
4.4 CITY - ST - ZIP

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS **→ #1650**
5.4 CITY - ST - ZIP **→ 33131**

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **D Mendelson, Eric**
6.3 STREET ADDRESS **3000 Taft Street**
6.4 CITY - ST - ZIP **Hollywood, FL 33021**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR H. MENDELSON

4/26/96

Date

(305) 374-1745

Office Phone

CR2E034 (12/95)