

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 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 33131-2920

2. Principal Place of Business

21 3355 BLURNS ROAD

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 PALM BEACH GARDENS

Zip

24 33401

Country

2a. Mailing Address

26 777 SOUTH FLAGLER DR

Suite, Apt. #, etc.

27 SUITE 1201 E

City & State

28 WEST PALM BCH, FL

Zip

29 33401

Country

9. Name and Address of Current Registered Agent

MEDELSON, VICTOR H ESQ.
3000 TAFT STREET
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
12/19/1991

3a. Date of Last Report
05/01/1996

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

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company
82 Street Address (P.O. Box numbers not acceptable)
1201 Hays Street
83
84 City
Tallahassee, FL
85 Zip Code
FL 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

Maureen W. Cullen

6/13/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DM	☒ DELETE
NAME	MEDELSON, VICTOR	
STREET ADDRESS	825 S. BAYSHORE DR 1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DC	☐ DELETE
NAME	MEDELSON, LAURANS	
STREET ADDRESS	825 S. BAYSHORE DR 1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DP	☐ DELETE
NAME	PAUL, JOSEPH	
STREET ADDRESS	825 SOUTH BAYSHORE DRIVE #1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DTV	☒ DELETE
NAME	IRWIN, THOMAS	
STREET ADDRESS	3000 TAFT ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	S	☒ DELETE
NAME	VETTER, JUDITH	
STREET ADDRESS	825 S BAYSHORE DR #1650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	☒ DELETE
NAME	MEDELSON, ERIC	
STREET ADDRESS	3000 TAFT STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	300002215943--5
1.4 CITY-ST-ZIP	-06/18/97--01074--007
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	****165.00 ****165.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	VP/AS
4.3 STREET ADDRESS	SHAW, PAUL ANDREW
4.4 CITY-ST-ZIP	777 S. FLAGLER DR
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	WEST PALM BCH, FL 33401
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

CR2E034 (9/96)