


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

FILED

May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V01143** (9)  
1. Corporation Name  
**MEDITEK PALM BEACH GARDENS, INC. # 48**

Principal Place of Business <b>3355 BURNS ROAD SUITE 105 PALM BEACH GARDENS FL 33401</b>	Mailing Address <b>777 S. FLAGLER DRIVE SUITE 1201E WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3355 BURNS ROAD</b> Suite, Apt. #, etc. 22 <b>SUITE 105</b> City & State 23 <b>PALM BEACH GARDENS, FL</b> Zip 24 <b>33401</b>		2a. Mailing Address 26 <b>750 S. AUSTRALIAN AVE</b> Suite, Apt. #, etc. 27 <b>9TH FLOOR</b> City & State 28 <b>WEST PALM BEACH, FL</b> Zip 29 <b>33401</b>		3. Date Incorporated or Qualified <b>12/19/1991</b>	
		4. FEI Number <b>59-3106756</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		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			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CO-CHAIR/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MENDELSON, LAURANS			1.2 NAME	LE RICHEY		
STREET ADDRESS	825 S. BAYSHORE DR 1850			1.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR		
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	PRES/CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAUL, JOSEPH			2.2 NAME	JOSEPH A. PAUL		
STREET ADDRESS	825 SOUTH BAYSHORE DRIVE #1850			2.3 STREET ADDRESS	850 S. AUSTRALIAN AVE, 9TH FLOOR		
CITY-ST-ZIP	MIAMI FL 33131			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	CO-CHAIR/DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHAW, PAUL ANDREW			3.2 NAME	KEITH HARTLEY		
STREET ADDRESS	777 S. FLAGLER DRIVE			3.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR		
CITY-ST-ZIP	WEST PALM BEACH FL 33401			3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	VPRES/COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	WAYNE MOOR		
STREET ADDRESS				4.3 STREET ADDRESS	850 S. AUSTRALIAN AVE, 9TH FLOOR		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	5EC	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	FRANCIS J. HARKINS, JR.		
STREET ADDRESS				5.3 STREET ADDRESS	250 S. AUSTRALIAN AVE, 9TH FLOOR		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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** 4/10/98 561-832-1766

CR2E034 (10/97)