

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

DOCUMENT # V53159

(2)

1. Corporation Name

MEDITEK-SUN COAST, INC.

FILED

97 JUN 16 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131

Mailing Address

825 SOUTH BAYSHORE DRIVE
SUITE 1650
MIAMI FL 33131-2820

2. Principal Place of Business

21 2025 Indian Rock Rd

Suite, Apt. #, etc.

22

City & State

23 Largo FL

Zip

Country

24 34644

25

2a. Mailing Address

26 777 S. Flagler Dr

Suite, Apt. #, etc.

27

City & State

28 West Palm Bch FL

Zip

Country

29 33401

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3145985

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 Number - Not Acceptable)
1201 Hays Street

83

84 City

Tallahassee, FL

FL

85

Zip Code

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

Signature of Registered Agent (Not Applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DC
STREET ADDRESS MEDELSON, LAURANS
CITY-ST-ZIP 825 S BAYSHORE DRIVE #1650
MIAMI FL 33131

TITLE ☐ DELETE

NAME DP
STREET ADDRESS PAUL, JOSEPH
CITY-ST-ZIP 825 S BAYSHORE DRIVE #1650
MIAMI FL 33131

TITLE ☒ DELETE

NAME DTV
STREET ADDRESS IRWIN, THOMAS S.
CITY-ST-ZIP 3000 TAFT ST
HOLLYWOOD FL 33021

TITLE ☒ DELETE

NAME S
STREET ADDRESS VETTER, JUDITH
CITY-ST-ZIP 825 S BAYSHORE DR, #1650
MIAMI FL 33131

TITLE ☒ DELETE

NAME DV
STREET ADDRESS MEDELSON, VICTOR H.
CITY-ST-ZIP 825 S BAYSHORE STE 1650
MIAMI FL 33131

TITLE ☒ DELETE

NAME D
STREET ADDRESS MEDELSON, ERIC
CITY-ST-ZIP 3000 TAFT STREET
HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE C 100002215921-004

12 NAME -06/18/97--01074--004

13 STREET ADDRESS *****165.00 *****165.00

14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE VP/AS ☐ Change ☒ Addition

32 NAME SHAW, PAUL ANDREW

33 STREET ADDRESS 777 S. FLAGLER DR

34 CITY-ST-ZIP WEST PALM BCH, FL 33401

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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

Maureen W. Cullen

CR2E034 (9/96)