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

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V53159 1. Corporation Name

Principal Place of Business

MEDITEK-SUN COAST, INC.

FILED	
Apr 27, 1999 8:00 an	ľ
Secretary of State	

04-27-1999 90060 047 \*\*\*150.00

|--|--|--|--|--|--|--|--|--|

2025 INDIAN RO LARGO FL 3464 US	=	250 S AUSTRALIAN AVE 9TH FLOOR WEST PALM BEACH FL 3:1401 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/27/1992				
Principal Place of Business     2a. Mailing Address						4. FEI Number			App ied For
21		26			59-314	15985			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifont	e of Status Desired		· · · ·	5 Additional Required
City & S at	е	City & State			1	Campaign Financing and Contribution			00 May Be ed to Fees
Zip 24	Country 25	Zip	Country 30	y		poration owes the curr Il Property Tax.	ent year Inte	angible Yes	[]No
	9. Name and Address of Currer	t Registered Agent			10. Name a	nd Address of New I	Registered A	Agent	
			81	Name					
1201	PORATION SERVICE COMPANY   HAYS STREET		82	Street A	cdress (P.O. Box I	Number is Not Accepta	able)		
TALL	AHASSEE FL 32301		83						
			84	City			FL	85 Z	ip Code
office crr agent.   a SIGNATUFE	to the provisions of Sections do not be state of the egistered agent, or both, in the State or familiar with, and at cept the obligations of the state of the sta	itions of, Section 607.0505, Fl	orida Statute	S.	quired when reinstating)	rectors. Thereby acce	DATE		
42		IL) DIRECTORS	13.	- Signature 754		NS/CHANGES TO OF	FICERS AN	D DIREC	TOF:S IN 12
TITLE	CCD	X DELETE	1,1 TITLE	··· - T		10.01881020 10 0.		Chan-	
NAME	RICHEY, LE		1.2 NAME						
STREET ADDRESS	250 S AUSTRALIAN AVE, 9TH	FLOOR	1.3 STREE	T ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-1						
TITLE	PCEO	☐ DELETE	2.1 TITLE					☐ Chan	ge 🔲 Additi
NAME	PAUL, JOSEPEH		2.2 NAME						
STREET ADDRESS	APA O ALIOTOALIANI AND ATIL	FLOOR		TADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		2. 4 CITY-	1					
TITLE	CCD	☐ DELETE	3.1 TITLE	-				Chan	ge 🗌 Additi
NAME	HARTLEY, KEITH		3.2 NAME						
STREET ADDRESS	250 S AUSTRALIAN AVE, 9TH	FLOOR	3.3 STREE	TADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		3.4. CITY-	ST-ZIP					
TITLE	VCFO	☐ DELETE	4 1 TITLE					Chan	ge 🔲 Additi
NAME	MOOR, WAYNE		4. 2 NAME						
STREET ADDRESS	AFO C ALIOTDALIAM AVE OTH	FLOOR	4.3 STREE	T ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		4.4 CITY-	ST-ZIP					
TITLE	S	☐ DELETE	5.1 TITLE					Chan	ge Additi
NAME	HARKINS, JR F J		5.2 NAME						
STREET ADDRESS	25 S AUSTRALIAN AVE, 9TH F	LOOR	5.3 STREE	T ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33401		5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					Chan	ge 🔲 Additi
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRESS					
CITY. ST. 7IP			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 119.0"(3)(i), Florida Statutes. I further pertify 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 the my name appears in Block 12 or Block 13 if changer, or on an attac impent with an address, with all other like empowered.

Wayne

Moor

561-832-1766 561-832-1766

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR