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 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000041288 (8)

1. Corporation Name
MEDITEK-NEWARK, INC.

Principal Place of Business	Mailing Address
825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131	825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131-2920

3. Date Incorporated or Qualified: 05/22/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 FIVE 9th AVE
Suite, Apt. #, etc.
22
City & State
23 NEWARK NJ
Zip 24 07107 Country 25

2a. Mailing Address
26 777 S. FLAGLER DR
Suite, Apt. #, etc.
27 1201 E
City & State
28 W. PALM BCH, FL
Zip 29 33401 Country 30

4. FEI Number: 65-0587749 ☐ 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
MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is 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 Cullen — Maureen W. Cullen — 6/13/97
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	DC	☐ DELETE	1.1 TITLE	CHAIRMAN ☒ Change ☐ Addition
NAME	MENDELSON, LAURANS A		1.2 NAME	
STREET ADDRESS	825 S. BAYSHORE DR. STE 1650		1.3 STREET ADDRESS	200002215902--2
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	-06/18/97--01074--001
TITLE	DV	☒ DELETE	2.1 TITLE	****165.00 ****165.00
NAME	MENDELSON, VICTOR H		2.2 NAME	
STREET ADDRESS	825 S. BAYSHORE DR. STE 1650		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MENDELSON, ERIC A		3.2 NAME	
STREET ADDRESS	3000 TAFT STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	
TITLE	DTV	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	IRWIN, THOMAS S		4.2 NAME	
STREET ADDRESS	3000 TAFT STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	5.1 TITLE	PRESIDENT 6/10/97 ☒ Change ☐ Addition
NAME	PAUL, JOSEPH A		5.2 NAME	
STREET ADDRESS	825 S. BAYSHORE DR. STE 1650		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	6.1 TITLE	VP/CFO/AS ☐ Change ☒ Addition
NAME	VETTER, JUDITH		6.2 NAME	SHAW, PAUL ANDREW
STREET ADDRESS	825 S. BAYSHORE DR. STE 1650		6.3 STREET ADDRESS	777 S. FLAGLER DR
CITY-ST-ZIP	MIAMI FL 33131		6.4 CITY-ST-ZIP	W. PALM BEACH, FL 33401

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:

CR2E034 (9/96)