

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L31667 (3)**

1. Corporation Name  
**MEDICAL TECHNOLOGY CONSULTANTS, INC.**



Principal Place of Business: **710 MIAMI SPRINGS DR SUITE 100 LONGWOOD FL 32779 US**  
Mailing Address: **710 MIAMI SPRINGS DR SUITE 100 LONGWOOD FL 32779 US**

3. Date Incorporated or Qualified: **11/20/1989**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-2884851**  
5. Certificate of Status: District  **\$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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PACHA-GUYOT, DEBRA  
218 DUNCAN TRAIL  
LONGWOOD FL 32779**

81 Name: **GEORGE ALLEN GUYOT**  
82 Street Address (P.O. Box Number is Not Acceptable): **218 DUNCAN TRAIL**  
83 City: **LONGWOOD**  
84 FL 85 Zip Code: **32779**

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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, and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE: *George Allen Guyot*  
4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1996

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	PACHA-GUYOT, DEBRA	
STREET ADDRESS	710 MIAMI SPRINGS DRIVE #100	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VERNON P	
STREET ADDRESS	710 MIAMI SPRINGS DR. #10-0	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GUYOT, GEORGE ALLEN	
STREET ADDRESS	710 MIAMI SPRINGS DRIVE # 100	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	VP, S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071(4)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 and that the receiver of this tax empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if a change or on an amendment with an address.

SIGNATURE: *George Allen Guyot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 407 869-8885

CR2E034 (12/95)