

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P30875 (9)**

1. Corporation Name  
**MEDICAL DEVICE TECHNOLOGIES, INC.**

Principal Place of Business <b>4445 - 360 S.W. 35TH TERRACE                  GAINESVILLE FL 32608</b>	Mailing Address <b>4445 - 360 S.W. 35TH TERRACE                  GAINESVILLE FL 32608</b>
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2. Principal Place of Business	2a. Mailing Address
21 [ ] Suite, Apt. #, etc.	26 [ ] Suite, Apt. #, etc.
22 [ ] City & State	27 [ ] City & State
23 [ ] Zip	28 [ ] Zip
24 [ ] Country	29 [ ] Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified <b>09/11/1990</b>	3a. Date of Last Report <b>02/19/1996</b>
4. FEI Number <b>36-3723996</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUTH, R. C.	1.2 NAME	
STREET ADDRESS	225 WEST WASHINGTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, ROBERT W.	2.2 NAME	
STREET ADDRESS	225 WEST WASHINGTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, PAUL A.	3.2 NAME	
STREET ADDRESS	8311 SW 36TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZKER, ANTHONY N.	4.2 NAME	
STREET ADDRESS	1800 CENTURY PARK EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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)