

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90109 004 ***150.00

DOCUMENT # P30875

1. Entity Name

MEDICAL DEVICE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

**3600 SW 47TH AVE
 GAINESVILLE FL 32608**

**3600 SW 47TH AVE
 GAINESVILLE FL 32608-7555**

2. Principal Place of Business

3600 SW 47th Avenue

3. Mailing Address

3600 SW 47th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville, FL

4. FEI Number

36-3723996

Applied For

Not Applicable

Zip

32608

Country

Zip

32608

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **VTD**
GLUTH, R. C.
 STREET ADDRESS **225 WEST WASHINGTON ST.**
 CITY-ST-ZIP **CHICAGO IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
WEBB, ROBERT W.
 STREET ADDRESS **225 WEST WASHINGTON ST.**
 CITY-ST-ZIP **CHICAGO IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
BAKER, PAUL A.
 STREET ADDRESS **8311 SW 36TH AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
PRITZKER, ANTHONY N.
 STREET ADDRESS **1800 CENTURY PARK EAST**
 CITY-ST-ZIP **LOS ANGELES CA**

TITLE Change Addition
 NAME **D**
ROBERT A. PRITZKER
 STREET ADDRESS **225 WEST WASHINGTON ST.**
 CITY-ST-ZIP **CHICAGO, IL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

4/6/00

(352) 338-0440 ext 331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)