


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90013 045 \*\*\*150.00

<b>DOCUMENT # P30875</b>					
1. Entity Name MEDICAL DEVICE TECHNOLOGIES, INC.					
Principal Place of Business 3600 SW 47TH AVE GAINESVILLE, FL 32608		Mailing Address 3600 SW 47TH AVE GAINESVILLE, FL 32608			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-3723996	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLUTH, R. C.		NAME	JOSEPH F. DAMICO	
STREET ADDRESS	225 WEST WASHINGTON ST.		STREET ADDRESS	272 E. DEERPATH RD, SUITE 350	
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEBB, ROBERT W.		NAME	JACK L. MCGINLEY	
STREET ADDRESS	225 WEST WASHINGTON ST.		STREET ADDRESS	272 E. DEERPATH RD, SUITE 350	
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BAKER, PAUL A.		NAME	HENRY J. WEST	
STREET ADDRESS	8311 SW 36TH AVENUE		STREET ADDRESS	272 E. DEERPATH RD, SUITE 350	
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRITZKER, ROBERT A		NAME	MICHAEL HUDSON	
STREET ADDRESS	225 WEST WASHINGTON ST		STREET ADDRESS	272 E. DEERPATH RD, SUITE 350	
CITY-ST-ZIP	CHICAGO, IL		CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	RICHARD C. ADLOFF	
STREET ADDRESS			STREET ADDRESS	272 E. DEERPATH RD, SUITE 350	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			NAME	SECR. ROBERT E. PIETRAFESA	
STREET ADDRESS			STREET ADDRESS	272 E. DEERPATH RD, SUITE 350	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE FOREST, IL 60045	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4-15-04 (352) 338-0440		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

54038635



04152004 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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