

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30875

FILED
Jun 01, 2005
Secretary of State

Entity Name: MEDICAL DEVICE TECHNOLOGIES, INC.

Current Principal Place of Business:

3600 SW 47TH AVE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

3600 SW 47TH AVE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 36-3723996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTD () Delete
Name: DAMICO, JOSEPH F
Address: 272 E DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

Title: S () Delete
Name: MCGINLEY, JACK L
Address: 272 E DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

Title: P () Delete
Name: WEST, HENRY J
Address: 272 E DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

Title: CEO () Delete
Name: HUDSON, MICHAEL
Address: 272 E DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

Title: CFO () Delete
Name: ADLOFF, RICHARD C
Address: 272 E DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

Title: S () Delete
Name: PIETRAFESA, ROBERT
Address: 272 E DEERPATH RD., STE. 350
City-St-Zip: LAKE FOREST, IL 60045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT PIETRAFESA

S

06/01/2005

Electronic Signature of Signing Officer or Director

Date