

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90037 007 \*\*\*150.00

**DOCUMENT # P30875**  
 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

66008627



02102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 36-3723996

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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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: *[Signature]* VP Finance DATE: 3/8/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAMICO, JOSEPH F 272 E DEERPATH RD., STE. 350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGINLEY, JACK L 272 E DEERPATH RD., STE. 350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEST, HENRY J 272 E DEERPATH RD., STE. 350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HUDSON, MICHAEL 272 E DEERPATH RD., STE. 350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ADLOFF, RICHARD C 272 E DEERPATH RD., STE. 350 LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIETRAFESA, ROBERT 272 E DEERPATH RD., STE. 350 LAKE FOREST, IL 60045

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* DATE: 3/8/06 DAYTIME PHONE: 352-338-0440