

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P13000009989

**Entity Name:** MEDICAL INSTITUTE OF TECHNOLOGY INC.

**Current Principal Place of Business:**

2846 RECKER HIGHWAY  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

2846 RECKER HIGHWAY  
WINTER HAVEN, FL 33881 US

**FEI Number:** 80-0890601

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WARD, ANTHONY K  
3798 ROLLINGSFORD CIRCLE  
LAKELAND, FL 33810 US

*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

**Officer/Director Detail :**

Title                      D  
Name                      WARD, ANTHONY K  
Address                      3798 ROLLINGSFORD CIRCLE  
City-State-Zip:      LAKELAND FL 33810

Title                      D  
Name                      WARD, ANA MARIE  
Address                      3798 ROLLINGSFORD CIRCLE  
City-State-Zip:      LAKELAND FL 33810

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANTHONY K WARD

**DIRECTOR**

**07/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date