2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000062

1. Entry Name

[redacted] CORPORATION

MTC Soft Ware

FILED
04 AUG 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PMB 111, 1940 KINGS HIGHWAY PORT CHARLOTTE, FL 33980	PMB 111, 1940 KINGS HIGHWAY PORT CHARLOTTE, FL 33980

07-21-04 90028 037 $150.00

DO NOT WRITE IN THIS SPACE

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1283531 [redacted] ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!! FEE IS $150.00
After May 1, 2004, Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUNGIS, GEORGE DR.
STREET ADDRESS	25351 VANTAGE LANE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	ST
NAME	GREENWELL, R. DON
STREET ADDRESS	310 WHITTENTON PARKWAY
CITY-ST-ZIP	LOUISVILLE, KY 40221
TITLE	CD
NAME	HAGARD, J. TAYLOR DR.
STREET ADDRESS	347 KENWOOD WAY
CITY-ST-ZIP	LOUISVILLE, KY 40214
TITLE	D
NAME	ROSS, J. DR.
STREET ADDRESS	OWENSBORO SURGERY CENTER
CITY-ST-ZIP	OWENSBORO, KY 42301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: George E Stunger 4-23-04 941-766-1943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 66431821

#F00000000062

To FL Dept. of State, Division of Corporations

1) I am attaching 3 pages to this note
a) Corrected 2004 annual Report B) your cover letter to me, C) previously submit annual report

2) I made an error on item C above: did not have form for MTC Software so I used for a Medical Tech. Corp as you can see by the typed in document number... number ending in 72. The number ending in 62 is the correct reference number for MTC Software

3) You have received and kept our check for $150. as stated in your letter

4) We are not changing the name of the corporation

I am sorry for the confusion. If there are and questions you can contact me at 800 347-7668

Sincerely

[signature]