## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000000062

Entity Name: MTC SOFTWARE, INC.

City-St-Zip:

OWENSBORO, KY 42301

FILED Apr 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1940 KINGS HIGHWAY 25351 VANTAGE LANE PUNTA GORDA, FL 33983 **PMB 111** US PORT CHARLOTTE, FL 33980 US **New Mailing Address: Current Mailing Address:** 1940 KINGS HIGHWAY **PMB 111** PORT CHARLOTTE, FL 33980 US FEI Number: 61-1283531 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition STUNGIS, GEORGE E DR. Name: Name: 25351 VANTAGE LANE Address: Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: ( ) Delete Title: Title: () Change () Addition GREENWELL, R. DAN Name: Name: 310 WHITTINGTON PARKWAY Address: Address: LOUISVILLE, KY 40222 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: CD () Change () Addition HAGARD, J. TAYLOR DR Name: Name: 347 KENWOOD WAY Address: Address: City-St-Zip: LOUISVILLE, KY 40214 City-St-Zip: Title: () Delete Title: () Change () Addition ROSS, J DR. Name: Name: Address: OWNESBORO SURGERY CENTER Address:

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.

City-St-Zip:

SIGNATURE: GEORGE E. STUNGIS DR 04/18/2005