

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 6:10

DOCUMENT # F00000000072

1. Corporation Name

MEDICAL TECHNOLOGY CORPORATION

Principal Place of Business

Mailing Address

PMB 111, 1940 KINGS HIGHWAY  
PORT CHARLOTTE FL 33980

PMB 111, 1940 KINGS HIGHWAY  
PORT CHARLOTTE FL 33980



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/05/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1204364

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	STURGIS, GEO. E DR. STURGIS	25351 VANTAGE LANE	PORT CHARLOTTE FL 33983
ST	GREENWELL, R. DON	310 WHITTENTON PARKWAY	LOUISVILLE KY 40221
CD	HAGARD, J. TAYLOR DR.	347 KENWOOD WAY	LOUISVILLE KY 40214
D	ROSS, J. DR.	OWENSBORO SURGERY CENTER	OWENSBORO KY 42301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300004661263--3

-10/31/03 State 01050-009

\*\*\*\*150.00 \*\*\*\*150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
George E. Sturgis  
PRESIDENT

Date

Daytime Phone #

10-12-2001 800-347-7668

CR2E040 (8/01)

# Medical Technology Corporation

PMB 111  
1940 KINGS HIGHWAY  
PORT CHARLOTTE, FL 33980

Voice : 941-766-1943  
Fax : 941-766-7981

— To: Florida Department of Corporation

We just received your notice of dissolution or revocation. We are a relatively new company in Florida. We have filed all the appropriate papers with our registered agent in Delaware; however, we did not receive a copy to fill out of your uniform business report for the January to May, 2001 period from our agent.

We have filled out the reinstatement form and have included a check for \$150.00.

Thank you very much for your help.

Sincerely,

A handwritten signature in cursive script, appearing to read "G. E. Stungis".

G. E. Stungis  
President/CEO