

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90867 028 ***150.00

DOCUMENT # F00000000072

1. Entity Name

MEDICAL TECHNOLOGY CORPORATION

Principal Place of Business

**PMB 111, 1940 KINGS HIGHWAY
 PORT CHARLOTTE FL 33980**

Mailing Address

**PMB 111, 1940 KINGS HIGHWAY
 PORT CHARLOTTE FL 33980**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

61-1204364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. 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)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **STUNGIS, GEO. E DR.**
 STREET ADDRESS **25351 VANTAGE LANE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** ☐ Delete
 NAME **GREENWELL, R. DON**
 STREET ADDRESS **310 WHITTENTON PARKWAY**
 CITY-ST-ZIP **LOUISVILLE KY 40221**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **HAGARD, J. TAYLOR DR.**
 STREET ADDRESS **347 KENWOOD WAY**
 CITY-ST-ZIP **LOUISVILLE KY 40214**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROSS, J. DR.**
 STREET ADDRESS **OWENSBORO SURGERY CENTER**
 CITY-ST-ZIP **OWENSBORO KY 42301**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-02

Date

800-347-7668

Daytime Phone #

CR2E034 (9/01)