

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1204364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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**

000000132263
 04/27/04-80039-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUNGIS, GEO. E DR. 25351 VANTAGE LANE PORT CHARLOTTE, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENWELL, R. DON 310 WHITTENTON PARKWAY LOUISVILLE, KY 40221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAGARD, J. TAYLOR DR. 347 KENWOOD WAY LOUISVILLE, KY 40214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, J. DR. OWENSBORO SURGERY CENTER 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. Stungis **GEORGE E STUNGIS** 4-23-04 941-766-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #