

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000072

FILED
Apr 18, 2005
Secretary of State

Entity Name: MEDICAL TECHNOLOGY CORPORATION

Current Principal Place of Business:

PMB 111, 1940 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

25351 VANTAGE LANE
PUNTA GORDA, FL 33983

Current Mailing Address:

PMB 111, 1940 KINGS HIGHWAY
PORT CHARLOTTE, FL 33980

New Mailing Address:

1940 KINGS HIGHWAY
PMB 111
PORT CHARLOTTE, FL 33980

FEI Number: 61-1204365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: STUNGIS, GEO. E DR.
Address: 25351 VANTAGE LANE
City-St-Zip: PORT CHARLOTTE, FL 33983

Title: ST () Delete
Name: GREENWELL, R. DON
Address: 310 WHITTENTON PARKWAY
City-St-Zip: LOUISVILLE, KY 40221

Title: CD () Delete
Name: HAGARD, J. TAYLOR DR.
Address: 347 KENWOOD WAY
City-St-Zip: LOUISVILLE, KY 40214

Title: D () Delete
Name: ROSS, J. DR.
Address: OWENSBORO SURGERY CENTER
City-St-Zip: OWENSBORO, KY 42301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: GEORGE E STUNGIS

DR.

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date