

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000072

FILED
Apr 18, 2007
Secretary of State

Entity Name: MEDICAL TECHNOLOGY CORPORATION

Current Principal Place of Business:

25351 VANTAGE LANE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

25351 VANTAGE LANE
PUNTA GORDA, FL 33983

New Mailing Address:

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 (X) 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 Chapter 119, 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 STUNGIS

P

04/18/2007

Electronic Signature of Signing Officer or Director

Date