

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90261 011 ***150.00

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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
PMB 111, 1940 Kings Hwy, 1940 King Highway
Suite, Apt. #, etc.

3. Mailing Address
PMB 111
Suite, Apt. #, etc.

City & State
Port Charlotte

City & State
Port Charlotte FL

4. FEI Number **61-1204364**

Applied For
Not Applicable

Zip
33980

Country
Charlotte

Zip
33980

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *George E. Stungis*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-02-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STUNGIS, GEO. E DR.	
STREET ADDRESS	25351 VANTAGE LANE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREENWELL, R. DON	
STREET ADDRESS	310 WHITTENTON PARKWAY	
CITY-ST-ZIP	LOUISVILLE KY 40221	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HAGARD, J. TAYLOR DR.	
STREET ADDRESS	347 KENWOOD WAY	
CITY-ST-ZIP	LOUISVILLE KY 40214	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, J. DR.	
STREET ADDRESS	OWENSBORO SURGERY CENTER	
CITY-ST-ZIP	OWENSBORO KY 42301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-02-03

Date

941-766-1940

Daytime Phone #

CR2E034 (10/02)