

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004479

FILED
Jan 09, 2009
Secretary of State

Entity Name: MOUNTAIN MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

18001 OLD CUTLER RD - STE 511
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

18001 OLD CUTLER ROAD-SUITE 511
VILLAGE OF PALMETTO BAY, FL 33157

Current Mailing Address:

18001 OLD CUTLER RD - STE 511
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 20-0915559 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: VPTD () Delete
Name: WRIGHT, JOHN
Address: 18001 OLD CUTLER RD - STE 511
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: S () Delete
Name: STERN, IVAN
Address: 18001 OLD CUTLER RD - STE 511
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: PSD () Delete
Name: KEANE, PHILIP P
Address: 18001 OLD CUTLER RD STE 511
City-St-Zip: MIAMI, FL 33157

Title: AM () Delete
Name: MCCORMICK, IVETTE M
Address: 18001 OLD CUTLER RD STE 511
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CEO (X) Change () Addition
Name: KEANE, PHILIP P
Address: 18001 OLD CUTLER RD STE 511
City-St-Zip: MIAMI, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify 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: IVETTE MCCORMICK

AM

01/09/2009

Electronic Signature of Signing Officer or Director

Date