# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2011**
**Secretary of State**

DOCUMENT# F06000004479

**Entity Name:** MOUNTAIN MEDICAL TECHNOLOGIES, INC.

**Current Principal Place of Business:**

18001 OLD CUTLER ROAD-SUITE 472
VILLAGE OF PALMETTO BAY, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

18001 OLD CUTLER RD - STE 472
VILLAGE OF PALMETTO BAY, FL 33157

**New Mailing Address:**

18001 OLD CUTLER ROAD-SUITE 472
VILLAGE OF PALMETTO BAY, FL 33157

**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

**OFFICERS AND DIRECTORS:**

Title: VPTD
Name: WRIGHT, JOHN
Address: 18001 OLD CUTLER RD - STE 472
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: S
Name: STERN, IVAN
Address: 18001 OLD CUTLER RD - STE 472
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: CEO
Name: KEANE, PHILIP P
Address: 18001 OLD CUTLER RD STE 472
City-St-Zip: MIAMI, FL 33157

Title: AM
Name: MCCORMICK, IVETTE M
Address: 18001 OLD CUTLER RD STE 472
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: IVETTE MCCORMICK AM 02/15/2011

Electronic Signature of Signing Officer or Director — Date