

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000000952

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL TECHNOLOGY TRANSFER CORPORATION

**Current Principal Place of Business:**

2800 28TH STREET  
SUITE 380  
SANTA MONICA, CA 90405 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 W. HIBISCUS BLVD.  
SUITE 100  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 95-4458478      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRIGHT, FRANK  
1800 W. HIBISCUS BLVD.  
SUITE 100  
MELBOURNE, FL 32901 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:** COO  
**Name:** BRIGHT, FRANK  
**Address:** 589 HUMMINGBIRD DR  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** CEO  
**Name:** YAGHMAI, SIAMAK  
**Address:** 323 SAN VICINTE BLVD 20  
**City-St-Zip:** SANTA MONICA, CA 90402

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: FRANK BRIGHT

COO

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date