FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G36517** **(2)**

1. Corporate Name
MEDICAL METHODS TECHNOLOGY, INC.

Principal Address	Mailing Address
4825 BELVEDERE RD. P.O. BOX 15225 W PALM BCH. FL 33415-5225 US	4825 BELVEDERE RD. P.O. BOX 15225 W PALM BCH. FL 33515-5225 US

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **05/02/1983**
3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: County — 25:

2a. Mailing Address — 26: **P.O. Box 3556** — 27: Suite, Apt. #, etc. — 28: **Lantana, FL 33465** — 29: **33465** — 30: **P.B.**

4. FEI Number: **59-2373024** — Applied For ☐ — Not Applicable ☐

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COUGHLIN, CASEY WILLIAM
1401 UNIVERSITY DRIVE, STE. 600
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Typed or Printed Name of Person Signing) (If Registered Agent, Signature Required Below) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	☐ Change ☐ Addition
12 NAME	WILLIAMS, S.A.	12 NAME	
13 STREET ADDRESS	4825 BELVEDERE RD.	13 STREET ADDRESS	
14 CITY ST ZIP	W PALM BCH. FL	14 CITY ST ZIP	
21 TITLE	D	21 TITLE	☐ Change ☐ Addition
22 NAME	NAKTENIS, PETER E.	22 NAME	
23 STREET ADDRESS	125 ADELAIDE RD.	23 STREET ADDRESS	
24 CITY ST ZIP	MANCHESTER CT	24 CITY ST ZIP	
31 TITLE	VDS	31 TITLE	☐ Change ☐ Addition
32 NAME	HETRICK, DANIEL L.	32 NAME	
33 STREET ADDRESS	120 E. PROSPECT ROAD	33 STREET ADDRESS	
34 CITY ST ZIP	LANTANA FL	34 CITY ST ZIP	
41 TITLE	T	41 TITLE	☐ Change ☐ Addition
42 NAME	HETRICK, DANIEL L.	42 NAME	
43 STREET ADDRESS	120 E. PROSPECT ROAD	43 STREET ADDRESS	
44 CITY ST ZIP	LANTANA FL	44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☒ Addition
52 NAME		52 NAME	John Waldron
53 STREET ADDRESS		53 STREET ADDRESS	9640 Deer Creek Circle
54 CITY ST ZIP		54 CITY ST ZIP	Lake Worth, FL 33461
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: Salvador A. Williams, M.D. — (407) 683-4333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)

Salvador A. Williams, M.D. — 4/28/95

0202206 CP