FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name
MEDICAL METHODS TECHNOLOGY, INC.

Principal Place of Business
4825 BELVEDERE RD.
P.O. BOX 15225
W PALM BCH. FL 33415-5225
US

Mailing Address
P.O. BOX 3556
~~P.O. BOX 15225~~
LANTANA FL 33465
US

3. Date Incorporated or Qualified: 05/02/1983
3a. Date of Last Report: 05/01/1995

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

2a. Mailing Address
26 P.O. Box 3556
Suite, Apt. #, etc.
27
City & State
28 Lantana FL
Zip 29 33465 Country 30 Palm Beach

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 Sections 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WILLIAMS, S.A.	
STREET ADDRESS	4825 BELVEDERE RD.	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	D	☐ DELETE
NAME	NAKTENIS, PETER E.	
STREET ADDRESS	125 ADELAIDE RD.	
CITY-ST-ZIP	MANCHESTER CT	
TITLE	VDS	☐ DELETE
NAME	HETRICK, DANIEL L.	
STREET ADDRESS	120 E. PROSPECT ROAD	
CITY-ST-ZIP	LANTANA FL	
TITLE	T	☐ DELETE
NAME	HETRICK, DANIEL L.	
STREET ADDRESS	120 E. PROSPECT ROAD	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	☐ DELETE
NAME	WALDRON, JOHN	
STREET ADDRESS	9640 DEER CREEK CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: _____ 4/26/96 (Date) 407 533 8000 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DANIEL HETRICK

CR2E034 (12/95)