

*** FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ***

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1-2

1. Corporation Name
**Medical Technology and
Innovations, Inc.**

DOCUMENT #
K61991

Mailing Address
**3125 Nolt Road
Lancaster, PA 17601**

Principal Place of Business

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
1-30-89

3a. Date of Last Report
9-21-95

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|-------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 2. Mailing Address | 2a. Principal Place of Business | 4. FEI Number 65-2954561 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 22. City & State | 27. City & State | 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Country | Country | | |

9. Name and Address of Current Registered Agent

**Gerald Beyer
BEYER & DAUBER, P.A.
3511 West Commercial Blvd., #401
Ft. Lauderdale, FL 33309**

10. Name and Address of New Registered Agent

81. Name
Eric P. Littman

82. Street Address (P.O. Box Number is Not Acceptable)
1428 Brickell Avenue

83. **8th Floor**

84. City
Miami,

85. Zip Code
FL 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

(Registered Agent Acceptance) (NOTE: Registered Agent Signature required when reinstating)

DATE **5/1/96**

12. OFFICERS AND DIRECTORS

| | |
|--------------------|------------------------------------------|
| 11. TITLE | President/Director |
| 12. NAME | Jeremy Feakins |
| 13. STREET ADDRESS | 3125 Nolt Road |
| 14. CITY-ST-ZIP | Lancaster, PA 17601 |
| 21. TITLE | Vice President |
| 22. NAME | Robert Ballheim |
| 23. STREET ADDRESS | 3125 Nolt Road |
| 24. CITY-ST-ZIP | Lancaster, PA 17601 |
| 31. TITLE | Director |
| 32. NAME | John Berhman |
| 33. STREET ADDRESS | 3125 Nolt Road |
| 34. CITY-ST-ZIP | Lancaster, PA 17601 |
| 41. TITLE | Director |
| 42. NAME | Matt Crimmins |
| 43. STREET ADDRESS | 3125 Nold Road |
| 44. CITY-ST-ZIP | Lancaster, PA 17601 |
| 51. TITLE | Director |
| 52. NAME | Tom Penaluna |
| 53. STREET ADDRESS | 3125 Nold Road |
| 54. CITY-ST-ZIP | Lancaster, PA 17601 |
| 61. TITLE | Vice President/Secretary/Director |
| 62. NAME | Steven Gil |
| 63. STREET ADDRESS | 3125 Nolt Road |
| 64. CITY-ST-ZIP | Lancaster, PA |

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------|
| 11. TITLE | |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 21. TITLE | |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY-ST-ZIP | |
| 31. TITLE | |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY-ST-ZIP | |
| 41. TITLE | |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY-ST-ZIP | |
| 51. TITLE | |
| 52. NAME | 900001847059 |
| 53. STREET ADDRESS | -06/03/96--01017--033 |
| 54. CITY-ST-ZIP | ***225.00 |
| 61. TITLE | |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY-ST-ZIP | |

ce 05/01/96

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unrecorded property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

51-96 (717) 892-6770

K61991

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ADDITIONAL OFFICERS AND DIRECTORS OF
MEDICAL TECHNOLOGY AND INNOVATIONS INC.
DOCUMENT #: K61991

- 7.1 Vice President /Director
- 7.2 George Hartman
- 7.3 3125 Nolt Avenue
- 7.4 Lancaster, PA 17601