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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **K61991** **(1)**

1. Corporation Name
MEDICAL TECHNOLOGY AND INNOVATIONS, INC.

Principal Place of Business	Mailing Address
3125 NOLT ROAD LANCASTER PA 17601	3125 NOLT ROAD LANCASTER PA 17601-1503

3. Date Incorporated or Qualified: 01/30/1989
3a. Date of Last Report: 05/01/1996

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

2a. Mailing Address — 26:
Suite, Apt. #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-2954561 ☐ 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

LITTMAN, ERIC P
1428 BRICKELL AVENUE
8TH FLOOR
MIAMI FL 33131

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VICE PRESIDENT, DIRECTOR	☐ Change ☒ Addition
NAME	FEAKINS, JEREMY		1.2 NAME	GEORGE H. HARTMAN	
STREET ADDRESS	3125 NOLT ROAD		1.3 STREET ADDRESS	3125 NOLT ROAD	
CITY-ST-ZIP	LANCASTER PA 17601		1.4 CITY-ST-ZIP	LANCASTER, PA 17601	
TITLE	V	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BALLHEIM, ROBERT		2.2 NAME	WILLIAM SCOTT	
STREET ADDRESS	3125 NOLT ROAD		2.3 STREET ADDRESS	3125 NOLT ROAD	
CITY-ST-ZIP	LANCASTER PA 17601		2.4 CITY-ST-ZIP	LANCASTER, PA 17601	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	BERHMAN, JOHN		3.2 NAME	BEHRMANN, JOHN	
STREET ADDRESS	3125 NOLT ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA 17601		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	PRESIDENT / CHIEF OPERATING OFFICER	☐ Change ☒ Addition
NAME	CRIMMINS, MATT		4.2 NAME	ROBERT BRENNAN	
STREET ADDRESS	3125 NOLT ROAD		4.3 STREET ADDRESS	3125 NOLT ROAD	
CITY-ST-ZIP	LANCASTER PA 17601		4.4 CITY-ST-ZIP	LANCASTER, PA 17601	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PENALUNA, TOM		5.2 NAME		
STREET ADDRESS	3125 NOLT ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA 17601		5.4 CITY-ST-ZIP		
TITLE	DSV	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	GIL, STEVEN		6.2 NAME	GILL, STEVEN	
STREET ADDRESS	3125 NOLT ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA 17601		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ VP/Secretary — 3/4/97 — 717-892-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #