FILED May 09, 2002 8:00 am § Secretary of State

05-09-2002 90077 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

K61991 DOCUMENT #

1. Entity Name

MEDICAL TECHNOLOGY AND INNOVATIONS, INC.

Principal Place of Business

3725 INVESTMENT AVENUE

-WEST PALM BEACH FL 33404

Mailing Address

3725 INVESTMENT AVENUE

WEST-PALM-BEAGH FL 33404

RIVIERA BEACH			RIVIERA BEH										
2. Principal Place of Business			3. Mailing Address						E19 0/191			1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number 65-2954561						Applied For lot Applicable
Zip Country			Zip	ntry	;	5. Certificate of Status Desired				\$9.75 Addistance			
6. Name and Address of Current Registered Agent						7	7. Nam	e and Ad	Idress of N	ew Regis	tered /		
					Name							3	
LITTMAN			-				,_ .						
1428 RR	ICKELL AVE	NHE	Street Address			ddress (P.C	(P.O. Box Number is Not Acceptable)						
8TH FLO			-										
						_							
MIAMI FL 33131				City						FL	Zip Coo	de	
8. The above	named entity	submits this statement for t	he purpose of changing its	registere	ed office or	reaistered	agent.	or both, i	n the State o	of Florida			
				Ū		Ü	J						
SIGNATURE													
	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	Registere	d Agent signatur	re required whe	en reinsta	ting)			DATE		
9. This corpo	oration is eligi	! FEE	IS \$150.0	10	~~~								
	ax filing requirement and elects to do so. After May 1, 2002 F						1		n Campaig				00 May Be
(See criter	ria on back)		Make Check Payabl	e to De	epartment	of State		mustr	und Contrib	oution.		J Adde	d to Fees
11.		OFFICERS AND DI	RECTORS	12.			ADDIT	IONS/CH	ANGES TO	OFFICER	RS AND	DIRECTOR	RS IN 11
TITLE	CPD	IEBELO/	☐ Delete	THTLE								Change	☐ Addition
NAME OXECT ADDRESS	FEAKINS,			NAMI		17.							
STREET ADDRESS CITY-ST-ZIP		'Erville -road E r-pa-1760 1			ET ADDRESS	3/2.	7	INVE	STME KH, F	· N/	LA	NE.	
	D	CITTA TIOUT		╂—	-ST-ZIP	RIVI	EXA	BEY	KH, F	- 6	334	- 9	
TITLE NAME	CRIMMINS	MATT	☐ Delete	TITLE								Change	Addition
STREET ADDRESS		ERVILLE ROAD			ET ADDRESS	3725	J /	NE	STINE	NT L	ANE	Ŧ	
CITY-ST-ZIP		ER-PA_17601			-ST-ZIP	AIV	- 1 (= A)	2 B	-N+14	e	. 2.2) Way	
TITLE =	-vs		□ Delete	TITLE		, _ ,			ENCH		. 9 2	ED Change	☐ Addition
NAME	SUROVCII	(, Deninis		NAME									☐ Addition
STREET ADDRESS		ERVILLE ROAD		STREE	ET ADDRESS	372	ታ .	INVE	STME	UTL.	1-25		
CITY-ST-ZIP	LANCASTI	R PA 17601		CITY-	ST-ZIP	RIVI	IEM	4 BE	HZH,	FL	339	104	
TITLE	_		☐ Delete	TITLE					,			☐ Change	Addition
NAME				NAME									
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS								
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	ÇITY-	ST-ZIP							10.0	
TITLE NAME			☐ Delete	TITLE								☐ Change	☐ Addition
STREET ADDRESS	•			NAME	T ADDRESS								
CITY-ST-ZIP					ST-ZIP								
TITLE			☐ Delete	TITLE									
NAME			T Delete	NAME								☐ Change	Addition
STREET ADDRESS					T ADDRESS								
CITY-ST-ZIP					ST-ZIP								{

13. I 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an anothers, with all propriets.

SIGNATURE:

TYPED OR PRINTED NAME OF

April 15, Nov 561