

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90057 005 *****50.00

DOCUMENT # L02000021872

1. Entity Name

STERIDYNE INDUSTRIES LLC



Principal Place of Business

**80 ABBEYVILLE ROAD
LANCASTER PA 17603
US**

Mailing Address

**80 ABBEYVILLE ROAD
LANCASTER PA 17603
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

81-0567326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEDICAL TECHNOLOGY AND INNOVATIONS, INC.
3725 INVESTMENT LANE
RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name **Medical Technology Industries, Inc.**
Street Address (P.O. Box Number is Not Acceptable)

3725 Investment Lane

City **Riviera Beach**

FL

Zip Code **33404**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Chief Executive Officer Jeremy P. Feakins 1/26/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Chairman** ☐ Delete
NAME **Jeremy P. Feakins**
STREET ADDRESS **80 Abbeyville Rd.**
CITY-ST-ZIP **Lancaster, PA 17603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **President, Secretary, Treasurer** ☐ Delete
NAME **James K. Howson**
STREET ADDRESS **80 Abbeyville Rd.**
CITY-ST-ZIP **Lancaster, PA 17603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

Jeremy P. Feakins

1/26/03

717-393-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0073514