

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092903

**FILED**  
**Jul 12, 2006**  
**Secretary of State**

**Entity Name:** MEDICAL TOOL & TECHNOLOGY, LLC

**Current Principal Place of Business:**

5335 NW 55TH LANE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

1022 SE 163RD STREET  
HAWTHORNE, FL 326409243 US

**Current Mailing Address:**

5335 NW 55TH LANE  
GAINESVILLE, FL 32653

**New Mailing Address:**

1022 SE 163RD STREET  
HAWTHORNE, FL 326409243

**FEI Number:** 20-2061476      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS BANKER P.A.  
C/O HUNTER J. BROWNLEE  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: MITCHELL, THOMAS  
Address: 1022 SE 163RD STREET  
City-St-Zip: HAWTHORNE, FL 326409243 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS MITCHELL

MGRM

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date