

2009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANYFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

Annual Report

DOCUMENT # L04000092903

1. Limited Liability Company's Name

Medical Tool &amp; Technology

FILED

09 JUL 21 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA100158760881  
07/21/09--01038--004 \*\*238.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1022 SE 163 ST		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hawthorne		City & State	
Zip 32646	Country U.S.	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/16/05	
6. FEI Number 20-2061476	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Thomas P. Mitchell			
Street Address (P.O. Box Number is Not Acceptable) 6211 SW 122 LANE			
Suite, Apt. #, Etc.			
City Micawopy, FL	State FL	Zip Code 32667	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Thomas P. Mitchell  
REGISTERED AGENT MUST SIGNDate 7/15/09

## 10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Thomas P. Mitchell	6211 SW 122 LANE	MICAWOPY, FL 32667

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Thomas P. Mitchell Date 7/15/09 Daytime Phone # 352-375-2940

Typed or printed name of signing Managing Member/Manager