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95 APR 26 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N14687** (0)

1. Corporation Name

MODERN MEDICAL TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
4825 BELVEDERE ROAD P.O. BOX 15225 (ZIP 33416) WEST PALM BEACH FL 33415-1329	4825 BELVEDERE ROAD P.O. BOX 15225 (ZIP 33416) WEST PALM BEACH FL 33415-1329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1986
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2635762 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 7570 S. U.S. 1	26 Street Address: P.O. Box 3556
22 Suite, Apt. #, etc.: Suite 7	27 Suite, Apt. #, etc.:
23 City & State: Hypoluxo, FL	28 City & State: Lantana, FL
24 Zip: 33467 / 25 Country:	29 Zip: 33465 / 30 Country:

9. Name and Address of Current Registered Agent

COUGHLIN, CASEY WILLIAM
1401 UNIVERSITY DRIVE, SUITE #600
CORAL SPRINGS FL 33071

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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, SALVADOR	1.2 NAME		
STREET ADDRESS	4825 BELVEDERE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP		
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	HETRICK, DANIEL	2.2 NAME		
STREET ADDRESS	120 E PROSPECT RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	NAKTENIS, PETER E.	3.2 NAME		
STREET ADDRESS	125 ADELAIDE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MANCHESTER CT	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WALDRON, JOHN	4.2 NAME		
STREET ADDRESS	103 VICTORIA'S N. CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSTOK GA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Salvador A. Williams, M.D. 4/20/95 (407) 683-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Salvador A. Williams M.D.

0048590