

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N22543** (5)
1. Corporation Name
FLORIDA SOCIETY FOR MEDICAL TECHNOLOGY, INC.



Principal Place of Business Mailing Address
5824 BEE RIDGE RD **5824 BEE RIDGE RD**
STE 246 **STE 246**
SARASOTA FL 34233 **SARASOTA FL 34233**
US **US**

3. Date Incorporated or Qualified **09/17/1987** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2350350	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOKES, DIANNE
4642 PINE GREEN TR
SARASOTA FL 34241

81 Name **DIANNE STOKES**
82 Street Address (P.O. Box Number is Not Acceptable) **3951 TORREY PINES BLVD**
83
84 City **SARASOTA** FL 85 Zip Code **34238**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **DIANNE STOKES** OFFICE SECRETARY **Dianne Stokes** 2-10-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDER-SWAIN, MARILEE	1.2 NAME	DR. JOHN REBELLO
STREET ADDRESS	4524 NARA GANSET TRAIL	1.3 STREET ADDRESS	5701 SW 8 ST
CITY-STATE-ZIP	SARASOTA FL	1.4 CITY-STATE-ZIP	PLANTATION, FL 33317
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBEY, SANDRA	2.2 NAME	
STREET ADDRESS	8299 139TH ST NO	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SEMINOLE FL	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOTH, MARIAN	3.2 NAME	
STREET ADDRESS	3932 YARDLEY AVE NO	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL	3.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, PAULA MUEHL	4.2 NAME	
STREET ADDRESS	1428 LIVINGSTON RD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LUTZ FL	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, JEANNE	5.2 NAME	
STREET ADDRESS	3620 BLACK HAWK DR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW PT RICHEY FL	5.4 CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORDA, GINA STEWART	6.2 NAME	
STREET ADDRESS	4401 BUCHANAN ST	6.3 STREET ADDRESS	
CITY-STATE-ZIP	HOLLYWOOD FL	6.4 CITY-STATE-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)(k), 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: **Sandra Abbey** **SANDRA ABBEY** 8/8/96 813 3921187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)