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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 STE 246 SARASOTA FL 34233 US		5824 BEE RIDGE RD STE 246 SARASOTA FL 34233-5065 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STOKES, DIANNE 3951 TORREY PINES BLVD SARASOTA FL 34238		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code	
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: <u>Dianne Stokes</u> OFFICE SECRETARY DIANNE STOKES 3-6-97 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	HEIDER-SWAIN, MARILEE	1.2 NAME	Heider-Swain, Marilee
STREET ADDRESS	4524 NARA GANSET TRAIL	1.3 STREET ADDRESS	4524 NARA GANSET TRAIL
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	T	2.1 TITLE	DR. JOHN REBELLO - DIRECTOR
NAME	ABBEY, SANDRA	2.2 NAME	5701 - SW 8th St.
STREET ADDRESS	8299 139TH ST NO	2.3 STREET ADDRESS	PLANTATION, FL 33317
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	KATHRYN KOTON - DIRECTOR
NAME	KLOTH, MARIAN	3.2 NAME	440 - W. Barry St.
STREET ADDRESS	3932 YARDLEY AVE NO	3.3 STREET ADDRESS	ENGLEWOOD, FL 34223
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	SNOW, PAULA MUEHL	4.2 NAME	
STREET ADDRESS	1426 LIVINGSTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LIMA, JEANNE	5.2 NAME	
STREET ADDRESS	3620 BLACK HAWK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	KORDA, GINA STEWART	6.2 NAME	
STREET ADDRESS	4401 BUCHANAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	
14. I do 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 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: <u>Sandra Abbey</u> SANDRA ABBEY 3/2/97 813 3921187 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0083021</small>			



CR2E037 (9/96)