

FILE NOW: FILING FEE IS \$61.25

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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22543** (5)
1. Corporation Name
FLORIDA SOCIETY FOR MEDICAL TECHNOLOGY, INC.

Principal Place of Business 5824 BEE RIDGE RD STE 246 SARASOTA FL 34233 US	Mailing Address 5824 BEE RIDGE RD STE 246 SARASOTA FL 34233 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/17/1987	4. FEI Number 59-2350350	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent STOKES, DIANNE 3951 TORREY PINES BLVD SARASOTA FL 34238	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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* DATE **4-15-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HEIDER-SWAIN, MARILEE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ELAINE DEVITO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4524 NARAQANSET TRAIL	1.2 NAME	6626 SAHOONER BAY CIRCLE
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	SARASOTA FL 34231
CITY - ST - ZIP		1.4 CITY - ST - ZIP	TITLE - D
TITLE	T ABBEY, SANDRA <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8299 139TH ST NO	2.2 NAME	
STREET ADDRESS	SEMINOLE FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D KLOTH, MARIAN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3932 YARDLEY AVE NO	3.2 NAME	
STREET ADDRESS	ST PETERSBURG FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D UPTON, KATHRYN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 W PERRY ST	4.2 NAME	
STREET ADDRESS	ENGLEWOOD FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D LIMA, JEANNE <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3620 BLACK HAWK DR	5.2 NAME	LIMA, JEANNE
STREET ADDRESS	NEW PT RICHEY FL	5.3 STREET ADDRESS	3620 BLACK HAWK DRIVE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	NEWPORT RICHEY FL
TITLE	S KORDA, GINA STEWART <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4401 BUCHANAN ST	6.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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: *Sandra Abbey* **SANDRA ABBEY** DATE **4-10-98** **8133921187**

CR2E037 (10/97)