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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22543

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

09/17/1987

4. FEI Number

59-2350350

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

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

FL

85 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **DEVIRO, ELAINE**
STREET ADDRESS **6626 SCHOONER BAY CIR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **T** ☐ DELETE
NAME **ABBEY, SANDRA**
STREET ADDRESS **8299 139TH ST NO**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☒ DELETE
NAME **KLOTH, MARIAN**
STREET ADDRESS **3932 YARDLEY AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **UPTON, KATHRYN**
STREET ADDRESS **420 W PERRY ST**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **P** ☐ DELETE
NAME **LIMA, JEANNE**
STREET ADDRESS **3620 BLACK HAWK DR**
CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **S** ☐ DELETE
NAME **KORDA, GINA STEWART**
STREET ADDRESS **4401 BUCHANAN ST**
CITY-ST-ZIP **HOLLYWOOD FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **ALICE PUTMAN**
1.3 STREET ADDRESS **4287 EIKCAM BLVD. S.E**
1.4 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **John Rebello**
3.3 STREET ADDRESS **5701 G.W. 8 St.**
3.4 CITY-ST-ZIP **PLANTATION FL 33317**

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Sandra Chhoy* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

Date

727 392 1187

Daytime Phone #

CR2E037 (11/98)