

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22543

FILED
Jul 21, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY FOR MEDICAL TECHNOLOGY, INC.

Current Principal Place of Business:

3951 TORREY PINES BLVD
SARASOTA, FL 34238 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20494
SARASOTA, FL 342763494 US

New Mailing Address:

FEI Number: 59-2350350 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STOKES, DIANNE
3951 TORREY PINES BLVD
SARASTOA, FL 342382834 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEIDER, MARILEE M
Address: 4524 NARRAGANSETT TRAIL
City-St-Zip: SARASOTA, FL 34223

Title: T () Delete
Name: ABBEY, SANDRA
Address: 8299 139TH ST NO
City-St-Zip: SEMINOLE, FL 33776

Title: S () Delete
Name: PUTMAN, ALICE
Address: 4284 ELKCAM BLVD SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: D () Delete
Name: MOOTY, PAULA
Address: 1025 VIA COMO PLACE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: REIMER, STANLEY
Address: 4801 OSPREY DR
City-St-Zip: ST PETERSBURG, FL 33711

Title: D () Delete
Name: CARMICHAEL, EDWARD
Address: 469 VILLAGE DR
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HEIDER, MARILEE M
Address: 4524 NARRAGANSETT TRAIL
City-St-Zip: SARASOTA, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PUTMAN, ALICE
Address: 4284 ELKCAM BLVD SE
City-St-Zip: ST PETERSBURG, FL 33705

Title: D (X) Change () Addition
Name: ROCK, JEAN MARIE
Address: 691 SW RIDGE ST
City-St-Zip: LAKE CITY, FL 32024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY ABBEY

T

07/21/2009

Electronic Signature of Signing Officer or Director

Date