2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# N99000002696

Entity Name: HISTORICAL SOCIETY OF MEDICAL TECHNOLOGY, INC.

Current Principal Place of Business:

3676 NW 16 ST
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

3676 NW 16 ST
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-0957345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HACKNEY, ROBERT C
4400 PGA BLVD, SUITE 505
PALM BEACH GARDENS, FL 33410 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: D ( ) Delete
Name: SOBOLEWSKI, CHARLES J
Address: 3676 NW 16 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: SOBOLEWSKI, KEVIN
Address: 3676 NW 16 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: SUMMERS, KRISTEN
Address: 3676 NW 16 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: SOBOLEWSKI, KIRK
Address: 3676 NW 16 ST
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: KEVIN SOBOLEWSKI D 05/04/2004

Electronic Signature of Signing Officer or Director — Date