

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90140 039 ****70.00

DOCUMENT # N99000002696

1. Entity Name
HISTORICAL SOCIETY OF MEDICAL TECHNOLOGY, INC.



Principal Place of Business Mailing Address
1295 SW 29TH AVE **1295 SW 29TH AVE**
POMPAÑO BEACH FL 33069 **POMPAÑO BEACH FL 33069**

2. Principal Place of Business 3. Mailing Address
3676 NW 16 ST **3676 NW 16 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Lauderdale, FL **Ft. Lauderdale, FL**
 Zip Country Zip Country
33311 **USA** **33311** **USA**

4. FEI Number **65-0957345** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C
4400 PGA BLVD, SUITE 505
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SOBOLEWSKI, CHARLES J
STREET ADDRESS	1295 SW 29TH AVE
CITY-ST-ZIP	POMPAÑO BEACH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	SOBOLEWSKI, KEVIN
STREET ADDRESS	1295 SW 29TH AVE
CITY-ST-ZIP	POMPAÑO BEACH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	SUMMERS, KRISTEN
STREET ADDRESS	1295 SW 29TH AVE
CITY-ST-ZIP	POMPAÑO BEACH FL 33069
TITLE	D <input type="checkbox"/> Delete
NAME	SOBOLEWSKI, KIRK
STREET ADDRESS	1295 SW 29TH AVE
CITY-ST-ZIP	POMPAÑO BEACH FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3676 NW 16 ST
CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3676 NW 16 ST
CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3676 NW 16 ST
CITY-ST-ZIP	Ft. Lauderdale, FL 33311
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Kevin C. Sobolewski 1/15/03 954-309-3565

CR2E037 (10/02)