

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089227

FILED
Jul 08, 2008
Secretary of State

Entity Name: MEDICAL DATA TECHNOLOGIES, INC.

Current Principal Place of Business:

1421 OAKFIELD DR
BRANDON, FL 33511

New Principal Place of Business:

1020 E. BRANDON BLVD.
SUITE 211
BRANDON, FL 33511

Current Mailing Address:

PO BOX 2390
BRANDON, FL 33509

New Mailing Address:

PO BOX 2390
BRANDON, FL 33509 US

FEI Number: 65-1051946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIX, DAVID E
1421 OAKFIELD DR
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

SIX, DAVID E
1020 E. BRANDON BLVD.
SUITE 211
BRANDON, FL 33511 US

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:

07/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SIX, DAVID E PTSD
Address: PO BOX 2390
City-St-Zip: BRANDON, FL 33509

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SIX, DAVID E
Address: PO BOX 2390
City-St-Zip: BRANDON, FL 33509

Title: CHRM () Change (X) Addition
Name: PAWLOWSKI, KEVIN F
Address: PO BOX 2390
City-St-Zip: BRANDON, FL 33509

Title: SCTY () Change (X) Addition
Name: ALDERMAN, KAREN G
Address: PO BOX 2390
City-St-Zip: BRANDON, FL 33509

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN ALDERMAN

SCTY

07/08/2008

Electronic Signature of Signing Officer or Director

Date