2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007224

Entity Name: MEDICAL TECHNOLOGY ASSOCIATES, INC

FILED Apr 17, 2009 Secretary of State

Littly Nai	me. WEDICAL	TECHNOLOGI ASSOCIATES	o, 114C.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
12445 62N SUITE 305 LARGO, F						
Current Mailing Address:			New Maili	New Mailing Address:		
12445 62N SUITE 305 LARGO, F						
FEI Number:	: 81-0595138	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:		
PETITO, FRED C 12445 62ND STREET N. SUITE 305 LARGO, FL 33773 US			12445 62N SUITE 305	CK, SCOTT B ID STREET N. 5 L 33773 US		
	named entity second	submits this statement for the pu	urpose of changing i	its registered office or registered agent, or both,		
SIGNATURE: S. BLAKE PETRUNICK				04/17/2009		
	Electron	nic Signature of Registered Age	nt	Date		
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title:	PETITO, FRED 12445 62ND ST LARGO, FL 33	FREET N., SUITE 305	Title: Name: Address: City-St-Zip: Title:	D (X) Change () Addition PETITO, FRED C 12445 62ND STREET N., SUITE 305 LARGO, FL 33773 () Change () Addition		
Name: Address: City-St-Zip:	BECKER, ALLE 2000 WEST LO HOUSTON, TX	OOP SOUTH #1040	Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	D () WOLF, BERT 1101 FERGUS HARLINGEN, T		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MARKOWITZ,	OOP SOUTH #1040	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:		Delete	Title: Name: Address:	P () Change (X) Addition PETRUNICK, SCOTT B 12445 62 ST N SUITE 305		

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.

City-St-Zip: LARGO, FL 33773

SIGNATURE: S. BLAKE PETRUNICK PRES 04/17/2009

City-St-Zip: