FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000088157 (0)

1. Corporation Name

MEDICAL LASER TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
21 ONE PIER DRIVE	26 46 N. WASHINGTON BLVD.
22 Suite, Apt. #, etc.	27 SUITE 1
23 RUSKIN, FL	28 SARASOTA, FL
24 Zip 33570 / 25 Country	29 Zip 34236 / 30 Country

3. Date Incorporated or Qualified: 12/05/94
3a. Date of Last Report: N/A
4. FEI Number: XX Applied For / Not Applicable
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	11 TITLE D,S — XX Change ☐ Addition 12 NAME PATTERSON, JOHN 13 STREET ADDRESS 46 N. WASHINGTON BLVD., #1 14 CITY ST ZIP SARASOTA, FL 34236
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE D,P,T, — ☐ Change XX Addition 22 NAME SPENCER, BARRY I. 23 STREET ADDRESS ONE PIER DRIVE 24 CITY ST ZIP RUSKIN, FL 33570
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

SUBMITTED BY MAY 1

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed, or on an attachment with an address).

(813) 645-6000

SIGNATURE: _____ 3-25-95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Daytime Phone #)

BARRY I. SPENCER, President