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PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 2-16-01

NAME: MEDICAL TECHNOLOGY CORPORATION OF AMERICA

TYPE OF FILING: RESIGNATION OF REGISTERED AGENT

COST: CHECK ATTACHED

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RESIGNATION OF REGISTERED AGENT

SECRETARY OF STATE
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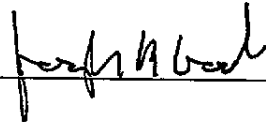
Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, of 617.1509, Florida Statutes, the undersigned HCRM Corp. hereby resigns as Registered Agent for MEDICAL TECHNOLOGY CORPORATION OF AMERICA

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

HCRM CORP.

By: _____



If signing on behalf of an entity:

Printed Name: Joseph R. Cook

Capacity: Vice President

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314