FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90505 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030864

1. Entity Name
AMT MEDICAL TECHNOLOGY, CORP.

Principal Place of Business	Mailing Address
941 SW 176TH AVE PEMBROKE PINES, FL 33029	2071 RENASSANCE BLVD APT 107 MIRAMAR, FL 33025

2. Principal Place of Business	3. Mailing Address
7275 NW 68 STREET	4341 SW 160 AVE
Suite, Apt. #, etc. #3	Suite, Apt. #, etc. # 203
City & State MIAMI, FL.	City & State MIRAMAR, Fl.
Zip 33166 Country USA	Zip 33027 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0906622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BONILLA, ELIGIO 941 SW 176TH AVE PEMBROKE PINES, FL 33029	Name EDISON MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 4341 SW 160 Ave. #203 City MIRAMAR FL Zip Code 33027

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 Edison Martinez 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, EDISON 2071 RENAISSANCE BLVD MIRAMAR, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY ☒ Change ☐ Addition MARTINEZ, EDISON 4341 SW 160 Ave. #203 MIRAMAR, Fl. 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 607, 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: Edison Martinez 4-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #