

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S82499** (2)

1. Corporation Name  
**MEDICAL TECHNOLOGY LABORATORIES, INC.**



Principal Place of Business: **12920-M AUTOMOBILE BLVD. CLEARWATER FL 34622**  
Mailing Address: **12920-M AUTOMOBILE BLVD. CLEARWATER FL 34622**

3. Date Incorporated or Qualified: **09/25/1991**      3a. Date of Last Report: **06/23/1995**  
4. FEI Number: **59-3120190**      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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

**9. Name and Address of Current Registered Agent**

**CRONIN, MICHAEL T.  
911 CHESTNUT STREET  
CLEARWATER FL 34616**

**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 607.150A, 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 based on printed name of registered agent and is not applicable. (TYPE) Registered Agent Signature required when relevant. (DATE)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIEGEL, TODD E</b>	
STREET ADDRESS	<b>12920 AUTOMOBILE BLVD.</b>	
CITY- ST- ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>TS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COUTURE, GERALD</b>	
STREET ADDRESS	<b>12920 AUTOMOBILE BLVD</b>	
CITY- ST- ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<b>PSTD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY- ST- ZIP	<b>34622</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>400001870654</b>	
63 STREET ADDRESS	<b>-06/21/96--01008--027</b>	
64 CITY- ST- ZIP	<b>***2250.00</b>	

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)(k), 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.

SIGNATURE: *Todd E Siegel* **Todd E. Siegel**      4-8-96      576-6311  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
*CS 6/20/96*

CR2E034 (12/95)