1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$82499

1. Corporation Name

MEDICAL TECHNOLOGY LABORATORIES, INC.

Principal Place of Business

Mailing Address

12920-M ALITOMORRE REVD

12920-M ALITOMORILE BLVD

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90026 026 ***150.00



CLEARWATER FL 34622		CLEA	CLEARWATER FL 34622			ľ	DO NOT WRITE IN THIS SPACE					
						_				S SPACE		
						3	Date Incorporate	ed or Qualifed				
							09/25/1991					
2. Principal F	Place of Business	2a. I	2a. Mailing Address				. FEI Number			<u> </u>	pplied For	
21		26					<u>59-3120190</u>				ot Applicable	
Suite, Apt. #, etc.		<u></u>	Suite, Apt. #, etc.			. 5	. Certifcate of Sta	tus Desired			Additional	
22		27									equired	
City & Star	te		City & State		•	6	, Election Campai				May Be	
23		28					Trust Fund Conf				to Fees	
Zip	Country Zip			Country			8. This corporation owes the current year Intangible					
24	25 29 30			30	Personal Property Tax. L Y 10. Name and Address of New Registered Agen				☐ Yes	□No		
•	9. Name and Address of Cu	rrent Registe	red Agent		04 1		. Name and Add	ress of New	Registered	Agent		
CIEC	CEL TODO OD DIVINE D			\ \ \	81 Nam	16					1	
SIEGEL, TODO OR DIVINE D						82 Street Address (P.O. Box Number is Not Acceptable)						
	20 AUTOMOBILE BLVD					· · · · · · · · · · · · · · · · · · ·						
CLE	ARWATER FL 34622			ĺ	83						}	
			٠	ŀ	84 City					85 Zip	Code	
									F	<u> </u>		
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 607 State of Florida	1508, Florida Statut. Such change was a	tes, the at outhorized	ove-name by the co	ed corporation s b	on submits this sta locard of directors.	tement for the I hereby acce	e purpose on the app	of changing it pintment as re	s registered egistered	
agent. I a	arn familiar with, and accept the ol	bigations of, S	etion 607.0505, Flo	orida Statu	tes.			j			· 1	
SIGNATURE	Hode 1	wäet	Toa	d.	Sieg	seL	_ 4//	3/99				
	Signature, typed or printed name or registered		ipplicable. (NOTE	: Registered	gent signatu	re required when	reinstating)	7 /	DATE			
12.		S AND DIREC		13.			ADDITIONS/CHA	NGES TO OF	FICERS A			
12. TITLE	PD	S AND DIREC	TORS DELETE	1.1 TIT			ADDITIONS/CHA	NGES TO OF	FICERS A	ND DIRECT ☐ Change	ORS IN 12	
	PD SIEGEL, TODD E			1.1 TITI 1.2 NA	AE		ADDITIONS/CHA	NGES TO OF	FICERS A			
TITLE	PD SIEGEL, TODD E 12920 AUTOMOBILE BLVD.			1.1 TITI 1.2 NA		ss	ADDITIONS/CHA	NGES TO OF	FFICERS A			
TITLE NAME	PD SIEGEL, TODD E 12920 AUTOMOBILE BLVD. CLEARWATER FL		☐ DELETE	1.1 TITI 1.2 NA/ 1.3 STF 1.4 CIT	ME REET ADDRES Y-ST-ZIP	SS	ADDITIONS/CHA	NGES TO OF	FFICERS A	Change	Addition	
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14. 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 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 or an attachment with an address, with all other like empowered.