

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90123 050 ***150.00

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # S82499 1. Entity 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		
2. Principal Place of Business 2003 GANDY BLVD. N Suite 800		3. Mailing Address 2003 GANDY BLVD. N. Suite 800			
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 59-3120190	
Zip 33702		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGEL, TODD OR DIVINE D 12920 AUTOMOBILE BLVD CLEARWATER, FL 34622			7. Name and Address of New Registered Agent Name TODD SIEGEL Street Address (P.O. Box Number is Not Acceptable) 2003 GANDY BLVD. N. SUITE 800 City ST. PETERSBURG, FL		
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 <u><i>Todd Siegel</i></u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD SIEGEL, TODD E 12920 AUTOMOBILE BLVD. CLEARWATER, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C TODD B SIEGEL 2003 GANDY BLVD N SUITE 800 ST. PETERSBURG, FL 33702
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT CONROY, MICHAEL 12920 AUTOMOBILE BLVD. CLEARWATER, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S MICHAEL BRANCA 2003 GANDY BLVD N SUITE 800 ST. PETERSBURG FL 33702
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u><i>Todd Siegel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/05</u> Daytime Phone # <u>(727) 976-6311</u>		