


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000020129		
Entity Name: PONTAO MEDICAL, INC.		

Principal Place of Business: 9 BARRY ROAD HOLLYWOOD, FL 33023-5271	Mailing Address: 9 BARRY ROAD HOLLYWOOD, FL 33023-5271
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01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FID Number 65-0563036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALONSO, JUAN V
9 BARRY ROAD
HOLLYWOOD, FL 33023-5271**

DO NOT WRITE IN THIS SPACE

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.

9. SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing.) (DATE)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

OFFICERS AND DIRECTORS	
1. NAME 2. TITLE 3. STREET ADDRESS 4. CITY-STATE-ZIP	P ALONSO, JUAN V 9 BARRY ROAD HOLLYWOOD, FL 330235271
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01/15/08-80065-007 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: 

01/10/2008