

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000020129

Entity Name: FONTAO MEDICAL, INC.

FILED  
Apr 06, 2009  
Secretary of State

**Current Principal Place of Business:**

9 BARRY ROAD  
HOLLYWOOD, FL 330235271

**New Principal Place of Business:**

**Current Mailing Address:**

9 BARRY ROAD  
HOLLYWOOD, FL 330235271

**New Mailing Address:**

FEI Number: 65-0563036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALONSO, JUAN V  
9 BARRY ROAD  
HOLLYWOOD, FL 330235271 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALONSO, JUAN V  
Address: 9 BARRY ROAD  
City-St-Zip: HOLLYWOOD, FL 330235271

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN V ALONSO

PD

04/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date