2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2006 08:00 AN Secretary of State **DOCUMENT # P02000097044** FISIO MEDICA INTERNATIONAL, INC. Principal Place of Business Mailing Address 431 CHESTNUT LANE 431 CHESTNUT LANE WESTON, FL 33326-1702 WESTON, FL 33326-1702 CR2E034 (11/05) 01172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For FEI Number 55-0832152 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADILLA, HECTOR DO NOT WRITE **431 CHESTNUT LANE** WESTON, FL 33326-1702 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 SIGNATURE (NOTE. Registered Agent signature required when reinstating) 9. Election Campalgn Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE PADILLA, HECTOR NAME STREET ADDRESS 431 CHESTNUT LANE CITY-ST-ZIP WESTON, FL 333261702 VSD HILE NAME RIVAS, ANAMARIA 806 CRESS GROVE LANE STREET ADDRESS POMPANO BEACH, FL 33069 פול-נוצ-אונו TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-7IP

PHONE