


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90003 013 ***150.00

DOCUMENT # P04000101040	
1. Entity Name MED FUSION, INC.	

Principal Place of Business 2321 NEEDHAM DRIVE VALRICO, FL 33594	Mailing Address 2321 NEEDHAM DRIVE VALRICO, FL 33594
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2. Principal Place of Business 4115 97th Ave. E.	3. Mailing Address 4115 97th Ave. E.
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Tampa FL	City & State Tampa FL
Zip 33617	Country USA

40035080



02122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1346635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH, JOHN D 2321 NEEDHAM DRIVE VALRICO, FL 33594	7. Name and Address of New Registered Agent Name Smith, John D. Street Address (P.O. Box Number is Not Acceptable) 4115 97th Ave. E. City Tampa FL Zip Code 33617
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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 *John D. Smith* **John D. Smith P, S** **3-11-2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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	P, S SMITH, JOHN D 2321 NEEDHAM DRIVE VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S Smith, John D. 4115 97th Ave. E. Tampa FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *John D. Smith* **John D. Smith P, S** **3-11-2006** **(813) 486-7383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #