

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90051 021 ***150.00

DOCUMENT # P93000041942

1. Corporation Name

FONET MEDICAL TECHNOLOGIES, INC.

Principal Place of Business

4707 140TH AVE N
STE 211
CLEARWATER FL 33762
US

Mailing Address

4707 140TH AVE N
STE 211
CLEARWATER FL 33762
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1993

4. FEI Number

59-3187123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 531 MAIN STREET

Suite, Apt. #, etc.

22 Suite H

City & State

23 Safety Harbor, FL.

Zip

24 34695

Country

25 US

2a. Mailing Address

26 531 MAIN STREET

Suite, Apt. #, etc.

27 Suite H

City & State

28 Safety Harbor, FL.

Zip

29 34695

Country

30 US

9. Name and Address of Current Registered Agent

SHIELDS, HARRY L
4707 140TH AVE N
STE 210
CLEARWATER FL 33762

10. Name and Address of New Registered Agent

81 Name

JANIS HAERER

82 Street Address (P.O. Box Number is Not Acceptable)

531 MAIN STREET

83

Suite H

84 City

Safety Harbor

FL

85 Zip Code

34695

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

X Janis Haerer

JANIS HAERER, President

X 4/20/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME HAERER, JANIS
STREET ADDRESS 4707 140TH AVE N STE 211
CITY-ST-ZIP CLEARWATER FL 33762

TITLE DS ☒ DELETE

NAME SHIELDS, SHERRY A
STREET ADDRESS 4707 140TH AVE N STE 211
CITY-ST-ZIP CLEARWATER FL 33762

TITLE DVP ☒ DELETE

NAME SHIELDS, DORIS
STREET ADDRESS 7 CIRCLE DRIVE
CITY-ST-ZIP MT. VERNON IL 62864

TITLE D ☐ DELETE

NAME Douglas Fathers
STREET ADDRESS 737 Pinellas Bayway S. #208
CITY-ST-ZIP Tierra Verde, FL 33717

TITLE D ☐ DELETE

NAME James Chow, MD
STREET ADDRESS 3001 Caroline Street
CITY-ST-ZIP Mt. Vernon, IL 62804

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

531 MAIN STREET Suite H
SAFETY HARBOR, FL. 34695

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Janis Haerer, President

Date

Daytime Phone #

4/20/99 727-711-1832

CR2E034 (11/98)