


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

02-17-2006 90079 025 \*\*\*150.00

DOCUMENT # P9500020129  
1. Entity Name  
FONTAO MEDICAL, INC.



Principal Place of Business      Mailing Address  
9 BARRY ROAD      9 BARRY ROAD  
HOLLYWOOD, FL 33023-5271      HOLLYWOOD, FL 33023-5271

**DO NOT WRITE IN THIS SPACE**

66006346



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
65-0563036      Not Applicable

5. Certificate of Status Desired-  \$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.  
SIGNATURE:       DATE: 01-09-2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

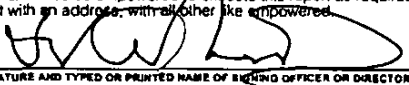
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALONSO, JUAN V 9 BARRY ROAD HOLLYWOOD, FL 330235271
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IN THIS SPACE**

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:       DATE: 01-09-06      (954) 963-2290  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



ATTACHMENT  
W6006346

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2006

FONTAO MEDICAL, INC.  
9 BARRY ROAD  
HOLLYWOOD, FL 33023-5271

Subject: FONTAO MEDICAL, INC.

Reference Number: P95000020129

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION