

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90063 040 \*\*\*150.00

**DOCUMENT # P01000076774**

1. Entity Name  
**VETIMED, INC.**



Principal Place of Business  
**1820 N CORPORATE LAKES BLVD**  
**SUITE 303**  
**WESTON, FL 33326**

Mailing Address  
**1820 N CORPORATE LAKES BLVD**  
**SUITE 303**  
**WESTON, FL 33326**

40010



01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1127558</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RESTREPO, DIEGO L**  
**547 MAJORCA AVENUE**  
**CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	DPT
NAME	VALLECILLA, LILIANA
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY - ST - ZIP	WESTON, FL 33326

TITLE	S
NAME	BORGES, LOURDES M
STREET ADDRESS	1820 N CORPORATE LAKES BLVD., SUITE 303
CITY - ST - ZIP	WESTON, FL 33326

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE 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: *X Liliana Vallecilla*

*X 01/31/06*