2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 18, 2005 08:00 AM Secretary of State

DOCUMENT # P02000077959 1. Entity Name VITALITY MEDICAL, INC.					
Principal Place of Business 800 E CYPRESS CREEK ROAD STE 204 FT LAUDERDALE, FL 33334 Mailing Address 800 E CYPRESS CREEK ROAD S FT LAUDERDALE, FL 33334 FT LAUDERDALE, FL 33334			TE 204		
D	O NOT WRITE II	and the second s)E	08122005 No Chg-P 4. FEI Number	CR2E034 (10/03) Applied For Not Applicable S8.75 Additional Fee Required
ALVAREZ, FELIX 800 E CYPRESS CREEK ROAD STE 204 FT LAUDERDALE, FL 33334			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the plans of registered agent. Signature, typed or printed name of registered agent and title		d affice at register		Florida. I am familiar with, and accept
	LE NOW!!! FEE 18 /50.00 ue by September 7, 2005	Election Campaign Finance Trust Fund Contribution.	oing \$5. □ Adde	00 May Ee ed to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZP	OFFICERS AND DIRECT PTS ALVAREZ, FELIX M 800 EAST CYPRESS CREEK STE 20 FORT LAUDERDALE, FL 33334		<u>.</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				08/18.	7000376612 705-80002-003 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT \	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,		,	IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	150				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report a supplied property is true and accurate and that my signature shall have the same legal effect as if finade under oath; that I am an officer or director of the corporation of the recomposition of the recomposit					
SIGNATURE: SIGNATURE AND THE OF SIGNING OFFICER OF DIRECTOR TO DESCRIPTION OF DES					