

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000076774

**Entity Name:** VETIMED, INC.

**Current Principal Place of Business:**

1820 N CORPORATE LAKES BLVD  
SUITE 301  
WESTON, FL 33326

**Current Mailing Address:**

1820 N CORPORATE LAKES BLVD  
SUITE 301  
WESTON, FL 33326

**FEI Number:** 65-1127558

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RESTREPO, DIEGO L  
2600 SOUTH DOUGLAS ROAD  
SUITE 1000  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DPT
Name	VALLECILLA, LILIANA
Address	1820 N CORPORATE LAKES BLVD., SUITE 301
City-State-Zip:	WESTON FL 33326

Title	S
Name	BORGES, LOURDES M
Address	1820 N CORPORATE LAKES BLVD., SUITE 301
City-State-Zip:	WESTON FL 33326

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOURDES M BORGES

S

02/19/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date