

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 007 ***150.00

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1. Entity Name
SMARTMED SOLUTIONS, INC.



Principal Place of Business
2211 Fruitville Rd.
SARASOTA, FL 34237

Mailing Address
2211 Fruitville Rd.
SARASOTA, FL 34237

44011144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1030048

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VENGROFF, HARVEY
2211 Fruitville Rd.
SARASOTA, FL 34237

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COB	<input type="checkbox"/> Delete
NAME	VENGROFF, HARVEY	
STREET ADDRESS	3808 N TAMiami TR	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	CEFO	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT	
STREET ADDRESS	3808 N TAMiami TR	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	P	<input type="checkbox"/> Delete
NAME	VENGROFF, MARK	
STREET ADDRESS	2100 MAIN ST STE 250	
CITY-ST-ZIP	HUNTINGTON BEACH, CA 93648	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VENGROFF, JOEL	
STREET ADDRESS	777 LARKFIELD RD	
CITY-ST-ZIP	COMMACK, NY 11725	
TITLE	S	<input type="checkbox"/> Delete
NAME	VENGROFF, KRISTY	
STREET ADDRESS	777 LARKFIELD RD	
CITY-ST-ZIP	COMMACK, NY 11725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey Vengroff	
STREET ADDRESS	2211 Fruitville Rd.	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	CEO/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Williams	
STREET ADDRESS	2211 Fruitville Rd.	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Vengroff	
STREET ADDRESS	1 Cavatier Drive	
CITY-ST-ZIP	Newport Coast CA 92646	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

COB. Harvey Vengroff 01/19/04. 941-363-5316