


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

 **FLORIDA DEPARTMENT OF STATE**
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000059860

1. Corporation Name
VITAMED CORP

2. Principal Office Address
2601 S.W. 37 Avenue
Suite, Apt. #, etc.
707
City & State
MIAMI, FL
Zip
33133 Country
USA

3. Mailing Office Address
Same
Suite, Apt. #, etc.
Same
City & State
Same
Zip
33131 Country
U.S.A.

FILED

02 OCT 21 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/28/02-9/497-031-18000

4. Date Incorporated or Qualified To Do Business in Florida
6-15-01

5. FEI Number
65-1113053

Applied For
☐ Not Applicable
☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

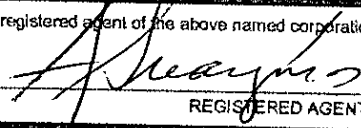
Name
ALFREDO SUAREZ-SARMIENTO, M.D.

Street Address (P.O. Box Number is Not Acceptable)
2220 COUNTRY CLUB PRADO

Suite, Apt. #, Etc.

City
CORAL GABLES State
FL Zip Code
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
 **REGISTERED AGENT MUST SIGN**

Date
10/11/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	ALFREDO SUAREZ-SARMIENTO	2220-Country Club Prado	Coral Gables, FL 33134
D/VP	VICTOR RAMALLO	2601 S.W. 37 Ave # 707	Miami, FL 33133

02
18

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Alfredo Suarez-Sarmiento, M.D.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/02

Date

(305) 445-9000

Daytime Phone #

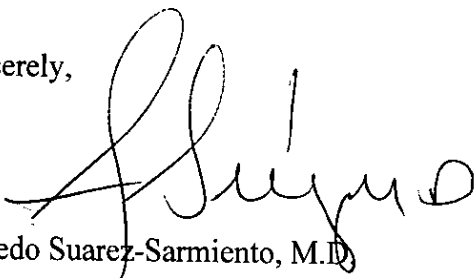
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Vitamed Corp.
Document # P01000059860

We recently sent your office a completed *Uniform Business Report (UBR)* together with a copy of a cancelled check for \$150 dated April 29, 2002 in order to provide your office evidence that we had timely filed and paid our 2002 obligation. We did this because we learned that the Corporation had been administratively dissolved due to an Annual Report "issue". We have been informed that the recently submitted UBR is being returned due to some missing/incorrect information. We were also told that the original UBR filed back in April 2002 was also returned to us due to some missing/incorrect information.

We never received a returned UBR, and still do not know at this point what the missing/incorrect information is (please note that our check dated 4/29/02 was cashed by your office). We are ready to provide whatever information on the UBR your office requires (as soon as we receive the returned UBR), but please understand that as far as we are concerned, the UBR was timely filed and paid. We need this Corporation to be activated immediately, and your expeditious handling of this matter will be greatly appreciated.

Sincerely,



Alfredo Suarez-Sarmiento, M.D.