


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000059860</b>		
1. Entity Name VITAMED CORP.		
Principal Place of Business 2601 SW 37TH AVE STE 707 MIAMI, FL 33133	Mailing Address 2601 SW 37TH AVE STE 707 MIAMI, FL 33133	

FILED  
04 AUG -6 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07292004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1113053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SARMIENTO, ALFREDO S M.D. 2220 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
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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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

0. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SARMIENTO, ALFREDO S M.D. 2220 COUNTRY CLUB PRADO CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RAMALLO, VICTOR 2601 SW 37TH AVE STE 707 MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

200040222222  
08/16/04--01074--002 \*\*600.00

**DO NOT WRITE IN THIS SPACE**

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

7/28/04  
Date

Daytime Phone #