

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000093234 (0)

1. Corporation Name
NUTRIMED, INC.



Principal Place of Business

Mailing Address

3314 W COLUMBUS DR
TAMPA FL 33607

3314 W COLUMBUS DR
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6015 Sheldon Rd.

22 City & State

27 Tampa, FL

23 Zip

Country

28 33615

Country

30 Hillsborough

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3292575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUAREZ, IDEL JR
20204 GULF BLVD
NO. 3
TAMPA FL 34635

81 Name

Idel Suarez, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

6015 Sheldon Rd.

83

84 City

Tampa

FL

85 Zip Code

33615

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Idel Suarez, Jr., President

January 19, 1998

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

(NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME SUAREZ, IDEL JR
STREET ADDRESS 20204 GULF BLVD #3
CITY-ST-ZIP INDIAN SHORES FL

12 NAME
13 STREET ADDRESS

Suarez, Idel Jr.
6015 Sheldon Rd.
Tampa, FL 33615-3111

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME SUAREZ, ILLAN
STREET ADDRESS 3314 W COLUMBUS DR
CITY-ST-ZIP TAMPA FL

2.2 NAME
2.3 STREET ADDRESS

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME SUAREZ, IDEL
STREET ADDRESS 2707 N ST VINCENT STREET
CITY-ST-ZIP TAMPA FL

3.2 NAME
3.3 STREET ADDRESS

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME SUAREZ, IRMA
STREET ADDRESS 2707 N ST VINCENT STREET
CITY-ST-ZIP TAMPA FL

4.2 NAME
4.3 STREET ADDRESS

TITLE ☐ DELETE

5.1 TITLE

☒ Change ☐ Addition

NAME SUAREZ, LINDA
STREET ADDRESS 20204 GULF BLVD #3
CITY-ST-ZIP INDIAN SHORES FL

5.2 NAME
5.3 STREET ADDRESS

BM
Suarez, Linda
6015 Sheldon Rd.
Tampa, FL 33615-3111

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or shown in attachment with an address.

SIGNATURE Idel Suarez, Jr., President 01/19/98 880-9183

CR2E034 (10/97)