

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # P95000007310 (2)

1. Corporation Name
VITA MEDICAL DISTRIBUTOR, INC.

Principal Place of Business

C/O THEREZA MALGAHAES
444 BRICKELL AVENUE, SUITE 515
MIAMI FL 33131

Mailing Address

C/O THEREZA MALGAHAES
444 BRICKELL AVENUE, SUITE 515
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1995

4. FEI Number

65-0561386

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MAGALHAES, THEREZA C.~~
~~8232 NW SOUTH RIVER DR~~
~~MEDLEY FL 33186~~

81 Name

MAGALHAES, THEREZA C.

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

444 BRICKELL AVENUE #515

83

84 City

MIAMI

FL

85

Zip Code

33131

11. Pursuant to the provisions of Sections 607.0102 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

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

(NOTE: Registered Agent signature required when reinstating)

01/21/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
MAGALHAES, THEREZA C
STREET ADDRESS 8232 NW SOUTH RIVER DR
CITY-ST-ZIP MEDLEY FL 33186

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 444 BRICKELL AVENUE #515
1.4 CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ DELETE

NAME VD
WILLEMSSENS, MARCIA S.M.
STREET ADDRESS 8232 NW S RIVER DR
CITY-ST-ZIP MEDLEY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME SECRETARY
3.3 STREET ADDRESS MARTA RAMIREZ
3.4 CITY-ST-ZIP 444 BRICKELL AVENUE #515
MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE:

01/21/98 (305) 577-0340

CP2E034 (1097)