


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

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Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90052 038 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000007310 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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/27/1995	
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip Country	28 Zip Country	65-0561386	Not Applicable
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAGALHAES, THEREZA C 444 BRICKELL AVE SUITE 515 MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	DP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	MAGALHAES, THEREZA C	1.1 TITLE	
STREET ADDRESS	444 BRICKELL AVE, SUITE 515	1.2 NAME	
CITY-ST-ZIP	MIAMI FL 33131	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	RAMIREZ, MARTHA	2.2 NAME	
STREET ADDRESS	444 BRICKELL AVE, SUITE 515	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.26.99

Date

305.577.0340

Daytime Phone #

CR2E034 (11/98)