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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000007310**

VITA MEDICAL DISTRIBUTOR, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90052 038 ***150.00

Principal Place of Business Mailing Address C/O THEREZA MALGAHAES C/O THEREZA MALGAHAES 444 BRICKELL AVENUE. SUITE 515 444 BRICKELL AVENUE. SUITE 515 MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0561386 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 ☐ Yes 25 30 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MAGALHAES, THEREZA C Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE **SUITE 515** 83 **MIAMI FL 33131** City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 1.1 TITLE MAGALHAES, THEREZA C 1.2 NAME NAME STREET ADDRESS 444 BRICKELL AVE, SUITE 515 1.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE RAMIREZ, MARTHA NAME 22 NAME 444 BRICKELL AVE. SUITE 515 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE Change ☐ Addition TITLE 3.1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY+ST+ZIP CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE ☐ Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or pustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or o ther like empowered.

64 CITY-ST-ZIP

SIGNATURE:

01.26.99 305.577.0340

CR2E034 (11/98)