

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90145 039 \*\*\*150.00

0215001

DOCUMENT # P95000009282

1. Corporation Name  
VITA MED-HOME, INC.

Principal Place of Business  
995 SW 84TH AVENUE NO 404  
MIAMI FL 33144

Mailing Address  
995 SW 84TH AVENUE NO 404  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number  
65-0552619

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3785 NW 82nd Ave.

22 Suite, Apt. #, etc.  
Suite #102

23 City & State  
Miami, Fl.

24 Zip  
33166

25 Country  
USA

2a. Mailing Address

26 3785 NW 82nd Ave.

27 Suite, Apt. #, etc.  
Suite #102

28 City & State  
Miami, Fl.

29 Zip  
33166

30 Country  
USA

9. Name and Address of Current Registered Agent

RIOPEDRE, JOSE R  
995 SW 84TH AVENUE NO 404  
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name  
SAME

82 Street Address (P.O. Box Number is Not Acceptable)  
15248 SW 179th Terr.

83

84 City  
Miami, Fl.

FL

85 Zip Code  
33187

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

President Jose R. Riopedre

4-26-99

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIOPEDRE, JOSE R  
995 SW 84TH AVENUE NO 404  
MIAMI FL 33144

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PRESIDENT  
JOSE R. RIOPEDRE  
15248 SW 179th Terr.  
Miami, Fl. 33187

☒ Change ☐ Addition

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose R. Riopedre

4/26/99

785-8777

CR2E034 (11/98)