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FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000019952 (6)

1. Corporation Name

ORTHO-MED NUTRITION, INC.



Principal Place of Business

801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134

Mailing Address

801 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134-3073

3. Date Incorporated or Qualified  
03/05/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 901 Ponce de Leon Blvd.

Suite, Apt. #, etc.

27 Suite 601

City & State

28 Coral Gables, FL

Zip

29 33134-3073

Country

30 Dade

4. FEI Number

65-0653621

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGREGO, FRANK J  
901 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MARTINEZ, TERESA  
STREET ADDRESS 3450 S.W. 8TH STREET  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE

NAME ALZUGARAY, MANUEL  
STREET ADDRESS 2340 S.W. 22ND STREET  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME FALCON, DIEGO  
STREET ADDRESS 711 N.W. 23RD AVENUE  
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ DELETE

NAME ABRIL, ALEXIS  
STREET ADDRESS 2801 S.W. 37TH AVENUE  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME SOLER, MARIO A  
STREET ADDRESS 1300 S.W. 27TH AVENUE  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 *Leon Martinez*

CR2E034 (9/96)