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

FILED
Aug 21 1998 8:00am
Secretary of State

'PROFIT
CORPORATION
ANNUAL REPORT
1998

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	Mailing Address
901 Ponce de Leon Blvd. Suite 601 Coral Gables, FL 33134	901 Ponce de Leon Blvd. Suite 601 Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/05/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SEGREDO, FRANK J
901 PONCE DE LEON BLVD.
SUITE 601
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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ,TERESA		1.2 NAME		
STREET ADDRESS	3450 S.W. 8TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALZUGARAY, MANUEL		2.2 NAME		
STREET ADDRESS	2340 S.W. 22ND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FALCON, DIEGO		3.2 NAME		
STREET ADDRESS	711 N.W. 23RD AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33127		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ABRIL, ALEXIS		4.2 NAME		
STREET ADDRESS	2601 S.W. 37TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SOLER, MARIO A		5.2 NAME		
STREET ADDRESS	1300 S.W. 27TH AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

(2)

ALBORNOZ, SEGREDO AND WEISZ
ATTORNEYS AT LAW
A Partnership Including Professional Associations

William H. Albornoz
Frank J. Segredo
Michel O. Weisz, P.A.
Merrill Braver Quintero

Suite 601
901 Ponce de Leon Boulevard
Coral Gables, Florida 33134
Telephone: (305) 442-1055
Facsimile: (305) 442-1402

July 10, 1998

Secretary of State
Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, Florida 32314

Via U.P.S. #N3163508779

Re: **Ortho-Med Nutrition, Inc:**

Dear Sirs:

Enclosed please find the 1998 annual report for the above referenced corporation, and check no. 1188 in the amount of $150.00. Please be advised that the original annual report was not received by the undersigned, as Registered Agent for the corporation. Last year, we also had a problem with the mailing address of this corporation, the annual report was mailed to a P.O. Box that does not belong to this office.

Due to the possible incorrect mailing address, we hereby request that the late charges be waived for this corporation.

Thanking you in advance for your prompt attention to this matter, and please feel free to contact me should you have any questions.

Very truly yours,

ALBORNOZ, SEGREDO & WEISZ

By: Frank J. Segredo, Esquire

Enclosures
/mp.
cc: Mario A. Soler, M.D., P.A.