

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
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DOCUMENT # P96000019952 (6)
1. Corporation Name
ORTHO-MED NUTRITION, INC.

Principal Place of Business: 901 Ponce de Leon Blvd. Suite 601 Coral Gables, FL 33134	Mailing Address: 901 Ponce de Leon Blvd. Suite 601 Coral Gables, FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 03/05/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0653621	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	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
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 of Typist or Printed Name of Registered Agent and the Corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARTINEZ, TERESA	
STREET ADDRESS	3450 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	D	☐ DELETE
NAME	ALZUGARAY, MANUEL	
STREET ADDRESS	2340 S.W. 22ND STREET	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	D	☐ DELETE
NAME	FALCON, DIEGO	
STREET ADDRESS	711 N.W. 23RD AVENUE	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	D	☐ DELETE
NAME	ABRIL, ALEXIS	
STREET ADDRESS	2601 S.W. 37TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ 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	

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***150.00

14. The entity certifies 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 in 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. Welsz, P.A.
Merrill Braver Quintero

Suite 501
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:

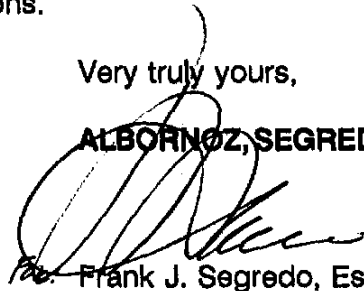
Enclosed please find the 1998 annual report for the above referenced corporation, and check no. 1188 in the amount of \$150.00. Please be advised that the original annual report was not received by the undersigned, as Registered Agent for the corporation. Last year, we also had a problem with the mailing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



Per. Frank J. Segredo, Esquire

Enclosures
/mp.

cc: Mario A. Soler, M.D., P.A.