

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90212 026 \*\*\*150.00

**DOCUMENT # P96000019952**

1. Entity 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**

2. Principal Place of Business  
**1300 S.W. 27TH AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1300 S.W. 27TH AVENUE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-0653621**

Applied For  
 Not Applicable

Zip  
**33145**

Country

Zip  
**33145**

Country

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

## 6. Name and Address of Current Registered Agent

**SEGREGO, FRANK-J**  
**901 PONCE DE LEON BLVD.**  
**SUITE 601**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name  
**MARIO A. SOLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 S.W. 27TH AVENUE**  
 City  
**MIAMI, FL** Zip Code  
**33145**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **X MARIO A. SOLER MD** *Leont G. P. Lopez* DATE **4-26-02**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, TERESA</b>	
STREET ADDRESS	<b>3450 S.W. 8TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALZUGARAY, MANUEL</b>	
STREET ADDRESS	<b>2340 S.W. 22ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FALCON, DIEGO</b>	
STREET ADDRESS	<b>711 N.W. 23RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRIL, ALEXIS</b>	
STREET ADDRESS	<b>2601 S.W. 37TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SOLER, MARIO A</b>	
STREET ADDRESS	<b>1300 S.W. 27TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X MARIO A. SOLER MD** *Leont G. P. Lopez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)