2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:10 AM
Secretary of State

DOCUMENT # P96000019952

1. Entity Name

ORTHO-MED NUTRITION, INC.

Principal Place of Business	Mailing Address
1300 SW 27TH AVE. MIAMI FL 33145	1300 SW 27TH AVE. SUITE 601 MIAMI FL 33145

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E

4. FEI Number 65-0653621

5. Certificate of Status Desired ☐

6. Name and Address of Current Registered Agent

SOLER, MARIO A
1300 SW 27TH AVE.
MIAMI FL 33145

7. Name and Address of New Register

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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. I ... accept the obligations of registered agent.

SIGNATURE _____ DA

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Fina... May Be
Trust Fund Contribution. ... Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS A...		
TITLE	D	☐ Delete	TITLE		] Addition
NAME	MARTINEZ, TERESA		NAME	U00000485442	
STREET ADDRESS	3450 S.W. 8TH STREET		STREET ADDRESS	04/12/06-80083-0	
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		] Addition
NAME	ALZUGARAY, MANUEL		NAME		
STREET ADDRESS	2340 S.W. 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		] Addition
NAME	FALCON, DIEGO		NAME		
STREET ADDRESS	711 N.W. 23RD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		] Addition
NAME	ABRIL, ALEXIS		NAME		
STREET ADDRESS	2601 S.W. 37TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		] Addition
NAME	SOLER, MARIO A		NAME		
STREET ADDRESS	1300 S.W. 27TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further ce... 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 ... of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear... if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-8-06 3...

633