

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90319 038 ***150.00

DOCUMENT # P96000080078					
1. Entity Name TERRAMED CORPORATION					
Principal Place of Business 3919 ANDERSON ROAD CORAL GABLES, FL 33134			Mailing Address 3919 ANDERSON ROAD CORAL GABLES, FL 33134		
2. Principal Place of Business 1515 Algardi Ave Suite, Apt. #, etc.			3. Mailing Address 1515 Algardi Ave Suite, Apt. #, etc.		
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 65-0706099	
Zip 33146		Country MIAMI-DADE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FERNANDEZ, VIVIAN L 3919 ANDERSON ROAD CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ 1515 Algardi Avenue City: Coral Gables FL Zip Code: 33146					
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 am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FERNANDEZ, VIVIAN L 3919 ANDERSON ROAD CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1515 Algardi Avenue Coral Gables, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Vivian L. Fernandez</u> VIVIAN L. FERNANDEZ <u>4/14/05</u> 305-281-6261 -460-2914					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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