

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000034472

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: VANTAGE CARE HEALTH MEDINUTRITIONAL, INC.

## Current Principal Place of Business:

7937 NW 21ST STREET  
MIAMI, FL 33143

## New Principal Place of Business:

7937 NW 21ST STREET  
MIAMI, FL 33122

## Current Mailing Address:

7937 NW 21ST STREET  
MIAMI, FL 33143

## New Mailing Address:

7937 NW 21ST STREET  
MIAMI, FL 33122

FEI Number: 65-0830322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMPLETE CORPORATE SERVICES, INC  
7730 SW 68 TR  
MIAMI, FL 33143 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CUTIE, MARTA I  
Address: 1871 SW 36 AVE  
City-St-Zip: MIAMI, FL 33145

Title: SD ( ) Delete  
Name: CUTIE-RANIO, MARIA L  
Address: 4840 SW 91 AVE  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: NAVARRO, ALEJANDRO MD  
Address: 9100 CORAL WAY  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: CUTIE-RANDIN, MARIA L  
Address: 4840 SW 91 AVE  
City-St-Zip: MIAMI, FL 33165

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA CUTIE

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date