

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073385

1. Entity Name  
VITAMED SOLUTIONS, INC.

FILED

01 FEB 23 PM 12:51

Principal Place of Business  
7649 COMMERCE CENTER DR.  
ORLANDO FL 32819

Mailing Address  
7649 COMMERCE CENTER DR.  
ORLANDO FL 32819-8923

5/12/00 9:00:00 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
\$150.00

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
Applied For

Applied For  
Not Applicable

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROWER, MASON H III  
390 N. ORANGE AVE., SUITE 1900  
ORLANDO FL 32801

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FADEM, JEROLD J SR.  
STREET ADDRESS 7649 COMMERCE CENTER DR.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CEO  
NAME HIDALGO, IGNACIO  
STREET ADDRESS 7649 COMMERCE CENTER DR.  
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

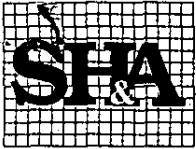
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2000

Date Daytime Phone #



## STERLING HENNING & ASSOCIATES

Certified Public Accountants, P.A.

2012

February 8, 2001

Stacy Prather  
Document Specialist  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Letter #701A00000914  
Letter #801A00000609


Dear Ms. Prather:

Enclosed please find the corporate annual reports for Vitamed Solutions, Inc. and Vitacare of Duval County, Inc. Both reports have been corrected as to their Federal Identification numbers. Neither corporation has a FEI number yet although they have been applied for.

We are sorry for any confusion or inconvenience this has caused your office. Our client did not receive previous notification of their status as dissolved or the corrections that were required to be made. Both corporations have submitted the \$150 fee. We request that the additional fee of \$750 for both corporations be waived.

Thank you in advance for your consideration in this matter. If you should have any questions, please feel free to call.

Sincerely,

  
Nina H. Margio, C.P.A.

Encl.