

**2001 UNIFORM BUSINESS REPORT (UBR)**

01 JUN -5 PM 12:52

DOCUMENT # P99000073385

1. Entity Name

Vitamed Solutions, Inc.

Principal Place of Business

7649 Commerce Center Dr.  
Orlando, FL 32819

Mailing Address

7649 Commerce Center Dr.  
Orlando, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Grower, Mason H., III  
390 N. Orange Ave., Ste. 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 reinstating)

DATE

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

FILED IN THE OFFICE OF THE  
CLERK OF THE SUPREME COURT  
AFTER MAY 1, 2001, Fee will be \$550.00  
to be paid to the 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Fadem, Jerold J, Sr.  
7649 Commerce Center Dr  
Orlando, FL 32819 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
Hidalgo, Ignacio  
7649 Commerce Center Dr.  
Orlando, FL 32819 ☐ Delete

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

TITLE  
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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.

Jerold J. Fadem, Sr.

4/24/01

5/30

Form **SS-4**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>VITAMED SOLUTIONS, INC.</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>7649 COMMERCE CENTER DRIVE</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>ORLANDO, FL 32819</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>ORANGE, FL</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶ <b>JEROLD J. FADEM, SR.</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)                 |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)                 |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                                    |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military              |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable)   |
| <input type="checkbox"/> Other (specify) ▶                        |   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FL</b>	Foreign country <b>N/A</b>
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- |   |  |
|---|--|
| 9 Reason for applying (Check only one box.) (see instructions)  | <input type="checkbox"/> Banking purpose (specify purpose) ▶               |
| <input checked="" type="checkbox"/> Started new business (specify type) ▶<br><b>MEDICAL MGMT SERVICES</b> | <input type="checkbox"/> Changed type of organization (specify new type) ▶ |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.)                                 | <input type="checkbox"/> Purchased going business                          |
| <input type="checkbox"/> Created a pension plan (specify type) ▶  | <input type="checkbox"/> Created a trust (specify type) ▶                  |
|   | <input type="checkbox"/> Other (specify) ▶                                 |

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **NO WAGES**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶	Nonagricultural <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ▶ **MEDICAL MANAGEMENT SERVICES**15 Is the principal business activity manufacturing? ☐ Yes ☒ No  
If "Yes," principal product and raw material used ▶16 To whom are most of the products or services sold? Please check one box.  
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☒ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No  
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ **VITACARE OF CENTRAL FL, INC.** Trade name ▶ **SAME**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed <b>ORLANDO, FL</b>	Previous EIN <b>59-3229923</b>
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

**JEROLD J. FADEM, SR.**

Name and title (Please type or print clearly.) ▶ **PRESIDENT**

Business telephone number (include area code) <b>407-352-9040</b>
Fax telephone number (include area code) <b>407-352-0307</b>

Signature ▶

Date ▶

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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For Privacy Act and Paperwork Reduction Act Notice, see page 4.

ISA  
STF FED7789FForm **SS-4** (Rev. 4-2000)