

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K24134

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** OPTI-MEDICAL EQUIPMENT & SUPPLIES, INC.

**Current Principal Place of Business:**

12951 SW 80 ST  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 527444  
SUITE 131  
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number:** 65-0054901      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARGUELLO, JORGE  
12951 SW 80 ST  
MIAMI, FL 33183 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ARGUELLO, JORGE  
Address: 12951 SW 80 ST  
City-St-Zip: MIAMI, FL

Title: D  
Name: ARGUELLO, LORENA M.  
Address: 12951 SW 80 ST  
City-St-Zip: MIAMI, FL

I hereby 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 all other like empowered.

SIGNATURE: JORGE ARGUELLO

D

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date