

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K24134

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

Current Principal Place of Business:

8542 SW 115 CT
MIAMI, FL 33173

Current Mailing Address:

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

FEI Number: 65-0054901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARGUELLO, JORGE
8542 SW 115 CT
MIAMI, FL 33173 US

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

Officer/Director Detail :

Title DIRECTOR
Name ARGUELLO, JORGE
Address 8542 SW 115 CT
City-State-Zip: MIAMI FL 33173

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

DIRECTOR

04/14/2015

Electronic Signature of Signing Officer/Director Detail

Date