

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000086916

**Entity Name:** OPTIMED MEDICAL GROUP, INC.

**Current Principal Place of Business:**

255 ARAGON AVE  
2ND FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

255 ARAGON AVE  
2ND FLOOR  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAMANI, GEORGE T  
255 ARAGON AVE  
2ND FLOOR  
CORAL GABLES, FL 33134 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 PSD  
Name PERE MAYA, DAVID A  
Address CALLE#28, URBANIZACION LAS  
ACACIAS EDIF CO  
City-State-Zip: VALERA, TRUJILLO, VENEZUELA XX

*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:** DAVID PERE MAYA

PSD

03/17/2014

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date