

FILE NOW. FILING FEE AFTER MAIL IS \$550.00.

**PROFIT -
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L84891

1. Corporation Name

OPTIMUM MEDICAL EQUIPMENT, INC.

Principal Place of Business

9300 S. DADELAND BLVD.
SUITE 607
MIAMI FL 33156

Mailing Address

9300 S. DADELAND BLVD.
SUITE 607
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/03/1990

4. FEI Number

65-0217433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☒ Yes☐ No

2. Principal Place of Business

21. 9300 SUNSET DR.

Suite, Apt. #, etc.

22. City & State MIAMI FL

23. Zip Country 33173 US

24. 33173 25. US

2a. Mailing Address

26. 9300 SUNSET DR

Suite, Apt. #, etc.

27. City & State MIAMI FL

28. Zip Country 33173 US

29. 33173 30. US

9. Name and Address of Current Registered Agent

FRANCO, VICTORIA R.
11131 SW 146 PL
MIAMI FL 33186

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FRANCO, VICTORIA R.

STREET ADDRESS 11131 SW 146 PL

CITY-ST-ZIP MIAMI FL 33186

PRES.

TITLE T ☐ DELETE

NAME SMIT, JANETH

STREET ADDRESS 11131 SW 146 PL

CITY-ST-ZIP MIAMI FL 33186

TREAS.

TITLE MARTHA CASTELLAR ☐ DELETE

NAME 11131 SW 146 PL

STREET ADDRESS MIAMI, FL 33186

CITY-ST-ZIP

SEC.

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Victoria R. Franco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/1/99

X (805) 275-0116

Date

Daytime Phone

CR2E034 (1/98)