

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L84891

1. Entity Name  
OPTIMUM MEDICAL EQUIPMENT, INC.



Principal Place of Business  
9300 SUNSET DRIVE., 1ST FLOOR  
MIAMI, FL 33173 US

Mailing Address  
9300 SUNSET DRIVE., 1ST FLOOR  
MIAMI, FL 33173 US



01102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0217433

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FRANCO, VICTORIA R  
9300 SUNSET DRIVE  
MIAMI, FL 33173

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FRANCO, VICTORIA R
STREET ADDRESS	9300 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	T
NAME	SMIT, JANETH
STREET ADDRESS	9300 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S
NAME	CASTELLAR, MARTHA
STREET ADDRESS	9300 SUNSET DRIVE
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000024127  
02/02/04-80053-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria R. Franco Victoria R. Franco 1/26/04 (305) 275-0116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #