

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 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**



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0217433**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**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

**1108000409497**

**02/08/06-80101-016 150.00**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FRANCO, VICTORIA R  
9300 SUNSET DRIVE  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SMIT, JANETH  
9300 SUNSET DRIVE  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
CASTELLAR, MARTHA  
9300 SUNSET DRIVE  
MIAMI, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Victoria R. Franco (Victoria R. Franco)**

Date

**1/26/06 (305) 275-0116**

Daytime Phone #