

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 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



01082008

No Chg-P

CR2E034 (11/05)

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, 2008 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 FRACO, 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

U00000821825
02/19/08-80042-018 150.00

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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

Date _____

Daytime Phone # _____