

# ANNUAL BUSINESS REPORT (UBR)

DOCUMENT # P00000020344

1. Entity Name

Optima Health & Rehab Service, INC.

Principal Place of Business

Mailing Address

7406 SW 48 ST.  
Miami, FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 NOV 30 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

9/5/01 01089 001-18375  
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0985521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rita E. Cruz  
7406 SW 48 ST.  
Miami, FL 33155

Name

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

City

FL

Zip Code

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.

SIGNATURE

Rita E. Cruz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	Dr. Carlos Gonzalez	7406 SW 48 ST.	Miami, FL 33155	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dr. Carlos Gonzalez

DATE

Daytime Phone #

CR20034 (11/00)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

September 5, 2001

INDEPENDENT MEDICAL SERVICES, INC.  
C/O EXPRESS CORPORATE

SUBJECT: INDEPENDENT MEDICAL SERVICES, INC.  
Ref. Number: P99000065073

RECEIVED  
01 NOV 30 PM 12:23  
DIVISION OF CORPORATION

We have received your document for INDEPENDENT MEDICAL SERVICES, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2000 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2000 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$900.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2001 Annual Report/Uniform Business Report and Supplemental Fee.

The balance due is \$838.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 901A00050120

Please apply this \$ to this new company