

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90130 009 \*\*\*150.00

0225693 AV

**DOCUMENT # P02000103155**

1. Entity Name  
**OPIMED, INC.**



Principal Place of Business  
**3661 S MIAMI AVE STE 402  
MIAMI FL 33133**

Mailing Address  
**3661 S MIAMI AVE STE 402  
MIAMI FL 33133**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**30-0115724**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUERRA, MARCOS A  
3661 S MIAMI AVE STE 402  
MIAMI FL 33133**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP <b>GOMEZ, ENRIQUE L</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3661 S MIAMI AVE STE 402</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE NAME	DV <b>DE DIANOUS, JUAN R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3661 S MIAMI AVE STE 402</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE NAME	DS <b>LACAYO, LEONEL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3661 S MIAMI AVE STE 402</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE NAME	DT <b>BALLADARES, MARIO PEREZ</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>3661 S MIAMI AVE STE 402</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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

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: \_\_\_\_\_

**ENRIQUE L GOMEZ**

**4-28-03 305 858 6971**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)