

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000065901**

1. Entity Name  
**OPTIMUM MEDICAL IMAGING, INC.**



Principal Place of Business  
**2200 NORTH COMMERCE PARKWAY  
SUITE 100  
WESTON, FL 33326**

Mailing Address  
**2200 NORTH COMMERCE PARKWAY  
SUITE 100  
WESTON, FL 33326**



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-4255193</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**DELGADO, MARIO R P.A.  
2200 N COMMERCE PARKWAY # 100  
CORAL GABLES, FL 33134**

**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

U00000763829  
05/30/07-80032-001 6850.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	ACOSTA, NELSON
STREET ADDRESS	2200 NORTH COMMERCE PARKWAY
CITY-ST-ZIP	WESTON, FL 33326

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 #