


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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
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DO NOT WRITE IN THIS SPACE

FILED
08 MAY 16 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4255193	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 2200 NORTH COMMERCE PARKWAY WESTON, FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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

4/29/08

Date

Daytime Phone #