2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# P03000065901

Entity Name: OPTIMUM MEDICAL IMAGING, INC.

Current Principal Place of Business:

320 S FLAMINGO RD, STE 281
PEMBROKE PINES, FL 33027

New Principal Place of Business:

4717 SW 74TH AVE
4714 SW 74TH AVE
MIAMI, FL 33155

Current Mailing Address:

320 S FLAMINGO RD, STE 281
PEMBROKE PINES, FL 33027

New Mailing Address:

4717 SW 74TH AVE
4714 SW 74TH AVE
MIAMI, FL 33155

FEI Number: 13-4255193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DELGADO, MARIO R P.A.
2200 N COMMERCE PARKWAY # 100
4TH FLOOR
CORAL GABLES, FL 33134 US

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: MARIO DELGADO, PA 08/25/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: ACOSTA, NELSON
Address: 2200 NORTH COMMERCE PARKWAY
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ACOSTA, NELSON N
Address: 4714 SW 74TH AVE
City-St-Zip: MIAMI, FL 33155 FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON ACOSTA PRES 08/25/2009
Electronic Signature of Signing Officer or Director Date