

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

3/9/

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-09-2007 90001 006 ***150.00

DOCUMENT # P06000040892 1. Entity Name OPTIMUM MEDICAL CENTER, INC.																											
Principal Place of Business 4474 WESTON ROAD 190 WESTON, FL 33331		Mailing Address 4474 WESTON ROAD 190 WESTON, FL 33331																									
2. Principal Place of Business - No P.O. Box # 4230 West 16th ave		3. Mailing Address 4474 Weston Rd																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 190																									
City & State Hialeah Florida		City & State Weston Florida																									
Zip 33012		Zip 33331																									
Country USA		Country USA																									
4. FEI Number 20-4812430		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 MOR, JULIETTE F 44 WESTON ROAD 190 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Bernard M. Cassidy Street Address (P.O. Box Number is Not Acceptable) One East Broward Blvd Suite 1410 City Fort Lauderdale, Florida FL 33301																									
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: <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>4/3/07</u>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P MOR, JULIETTE F <input checked="" type="checkbox"/> Delete 4474 WESTON ROAD, 190 WESTON, FL 33331 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOR, JULIETTE F <input checked="" type="checkbox"/> Delete 4474 WESTON ROAD, 190 WESTON, FL 33331	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P Eddie Mor <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4230 West 16th ave Hialeah FL 33012 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Eddie Mor <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4230 West 16th ave Hialeah FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		March 1, 2007 305-362-2929 <small>Date Daytime Phone #</small>																									

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03012007 Chg-P CR2E034 (12/06)