

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000085022

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** OPTIMA MEDICAL OF SOUTH FLORIDA INC

**Current Principal Place of Business:**

2925 10TH AVENUE NORTH  
201-B  
PALM SPRINGS, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

2925 10TH AVENUE NORTH  
201-B  
PALM SPRINGS, FL 33461 US

**New Mailing Address:**

**FEI Number:** 27-3740188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KARIM, EHSANUL  
514 E TALL OAKS DRIVE  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KARIM, EHSANUL  
Address: 514 E. TALL OAKS DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby 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 all other like empowered.

SIGNATURE: EHSANUL KARIM

P

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date