

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

1062

PROXY
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra M. ...
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP -4 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PC94000051070

1. Corporation Name
Optimum Diagnostic Services, Inc.

Principal Place of Business Mailing Address
7805 Coral Way P.O. Box 441921
Suite 114 Miami, FL 33155
Miami, FL 33144-1921

2. Principal Place of Business 2a. Mailing Address
21 7805 Coral way 26 P.O. Box 441921
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 114 27 Miami
City & State City & State
23 Miami, FL. 28 Miami, FL.
Zip Country Zip Country
24 33155 25 U.S. 29 33144-1921 30 U.S.

3. Date Incorporated or Qualified 3a. Date of Last Report
7/7/94
4. FEI Number Applied For
65-0503020 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Domingo Bejerano
5110 S.W. 143 PL.
Miami, FL 33175

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|---|
| TITLE | President/owner | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Domingo Bejerano | 12 NAME | 800002288578--6 |
| STREET ADDRESS | 5110 S.W. 143 PL. | 13 STREET ADDRESS | -09/09/97--01072--004 |
| CITY-ST-ZIP | Miami, FL 33175 | 14 CITY-ST-ZIP | ****365.00 ****365.00 |
| TITLE | | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/97 (305) 265-0944

CR2E034 (9/96)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

June 4, 1997

OPTIMUM DIAGNOSTIC SERVICES, INC.

~~5700 W FLAGLER ST~~

~~XXXXXXXXXXXXXXXXXXXX~~

SUBJECT: OPTIMUM DIAGNOSTIC SERVICES, INC.

Ref. Number: P94000051070

We have received your document for OPTIMUM DIAGNOSTIC SERVICES, INC. and check(s) totaling \$175.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$915.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6047.

Shawn Logan
Document Specialist

Letter Number: 697A00030180

1996 →

365-D

200 \rightarrow Last year.
165 \rightarrow This year.

Upon receipt of this letter we called your office and explained that the reason why we did not file the annual report with you was because we lost track of our mail when we moved. Recently we moved back to our old address. (see above). We were recommended by one of your officers to send \$200.00 for last year, and \$165.00 for this year because we can not afford to cover the costs of \$415.00. Please find attached the check.