

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105812

1. Entity Name

OPTIMAL IMAGING SYSTEMS, INC.

APPROVED
AND
FILED

00 OCT 27 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6101 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

Mailing Address

6101 BLUE LAGOON DRIVE
SUITE 100
MIAMI FL 33126

2. Principal Place of Business

3211 Ponce de Leon Blvd
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

3211 Ponce de Leon Blvd
Suite, Apt. #, etc.
Suite 200

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0973828

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENNERT, CHARLES J ESQ.
BERMAN WOLFE RENNERT VOGEL & MANDLER, P.A.
100 S.E. 2ND ST., SUITE 3500
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
Stephen J. Dresnick, M.D.
Street Address (P.O. Box Number is Not Acceptable)
130 Casuarina Concourse
City
Coral Gables FL Zip Code
33143

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S
Stephen J. Dresnick, MD
130 Casuarina Concourse
Coral Gables, FL 33143

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Mark E. Price
1441 Tagus Avenue
Coral Gables, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003463823
-11/15/00-01029-021
****758.75 ****758.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
REINSTATEMENT

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

9/29/2000

Date

305-444-1440

Daytime Phone #

CR2F034 (5/00)