
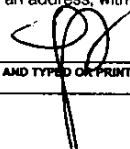


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90164 042 ***150.00

DOCUMENT # P04000099338					
1. Entity Name OPTIMUM HEALTHCARE, INC.					
Principal Place of Business 5478 SPRING HILL DRIVE SPRING HILL, FL 34606 US			Mailing Address 5478 SPRING HILL DRIVE SPRING HILL, FL 34606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1336412	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AUGELLO, AGNES 5350 SPRING HILL DRIVE SPRING HILL, FL 34606			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGH, PARIKSITH		NAME		
STREET ADDRESS	5478 SPRING HILL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAYAN, JAY		NAME	<i>ST-VP SUDHIR AGARWAL</i>	
STREET ADDRESS	12900 CORTEZ BLVD		STREET ADDRESS	<i>5478 SPRING HILL DR.</i>	
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP	<i>SPRING HILL, FL 34606</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		<i>PARIKSITH SINGH</i>		<i>3/2/06 352-688-8116</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	