
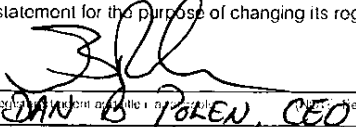

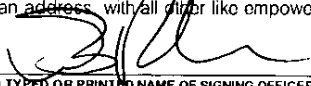


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

150

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1336412		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		7. Name and Address of New Registered Agent	
AUGELLO, AGNES 5350 SPRING HILL DRIVE SPRING HILL FL 34606		Name DAN B. POLEN, CEO	
		Street Address (P.O. Box Number is Not Acceptable) 5478 SPRING HILL DRIVE	
		City SPRING HILL	State FL
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 		DATE 3/27/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY ST ZIP	STVP SUDHIR, AGARWAL 5478 SPRING HILL DR SPRING HILL FL 34606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	NARESH MENEZES SECRETARY / TREASURER 5478 SPRING HILL DR SPRING HILL, FL 34606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PCEO - ALSO PRESIDENT POLEN, DAN B 5478 SPRING HILL DRIVE SPRING HILL FL 34606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	000096343460 04/10/07--01032--018 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DATE 3/27/07 352-688-9131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAN B. POLEN, CEO		Date Daytime Phone #	