2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNUAL REPORT (AR)								
DOCUMENT # P04000099338								
1. Enlity Name OPTIMUM HEALTHCARE, INC.			(Let	FILED				
This is the state of the state			1	07	07 APR -4 PM 2: 52			
Principal Place of Business Mailing Address								
		5478 SPRING HILL DRIV SPRING HILL FL 34606	Έ	F18849		A STATE		
US US								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			14 JII MAIII AIRII BAIN 88	## 9=!!(88 42 (912 1242 MGZ		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st N	MOORE	CR2E034 (10/06	5)	
City & State		City & State		4. FEI Number	4. FEI Number 20-1336412 Applied For Not Applicable			
Zip	• Country	Zip	Country	5. Certificate of	Status Dosired	□ \$8.75 Fee Red	Additional	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New	Registered Agent		
AUGELLO, AGNES				TO DAN B. POLEN, CEO				
5350 SPRÍNG HILL DRIVE			Stroot A	reet Address (P.O. Box Number is Not Acceptable)				
SPRING HILL FL 34606			54	5478 SPRING HILL PRIVE				
				PRING HILL FL ZID COOK 34606				
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typod or printed name or replay product application of public applications of production of the pro								
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 Camp Trust Fund Co		\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CI	1	FICERS AND DIREC		
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CITY-ST-7IP			CHY ST-ZIP					
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 logal effect as if made under eath; 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 withyall differ like empowered.								