

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 16, 2008
Secretary of State**

DOCUMENT# P04000099338

Entity Name: OPTIMUM HEALTHCARE, INC.

Current Principal Place of Business:

5478 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Principal Place of Business:

5403 N. CHURCH AVENUE
TAMPA, FL 33614 US

Current Mailing Address:

5478 SPRING HILL DRIVE
SPRING HILL, FL 34606 US

New Mailing Address:

5403 N. CHURCH AVENUE
TAMPA, FL 33614 US

FEI Number: 20-1336412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, KARREN A ESQ
5600 MARINER STREET
227
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, KIRAN C MD
Address: 5403 N. CHURCH AVENUE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRAN C. PATEL

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05/16/2008

Electronic Signature of Signing Officer or Director

_____ Date