2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000126084

1. Entity Name
OPTIMAL THERAPY CARE, INC.

FILED
06 OCT -6 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
143 SW 164TH AVE. PEMBROKE PINES, FL 33027	143 SW 164TH AVE. PEMBROKE PINES, FL 33027

10042006 REIN-P CR2E098 (11/05) 06

2. Principal Place of Business	3. Mailing Address
1820 N.W. 183 ST	1820 NW 183 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami	City & State: Miami
Zip: 33056 Country: Miami-Dade	Zip: 33056 Country: Miami-Dade

4. FEI Number: 20-1587601 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARLES, ANNE 143 SW 164TH AVE. PEMBROKE PINES, FL 33027	Name: Anne Charles Street Address (P.O. Box Number is Not Acceptable): 1820 NW 183 Street City: Miami **FL** Zip Code: 33056

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: Charles 10/04/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST CHARLES, ANNE 143 SW 164TH AVE. PEMBROKE PINES, FL 33027	☐ Delete	PVST Charles, Anne 1820 NW 183 ST, Miami, FL 33056	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900080543079 10/05/06--01012--009 **758.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$10/6	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Charles 10/04/06 (305) 626-8836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #