2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# P04000126084

Entity Name: OPTIMAL THERAPY CARE, INC.

Current Principal Place of Business:

1820 NW 183 ST
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

1820 NW 183 ST
MIAMI, FL 33056

New Mailing Address:

FEI Number: 20-1587601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHARLES, ANNE
1820 NW 183 ST
MIAMI, FL 33056 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: CHARLES, ANNE
Address: 1820 NW 183 ST
City-St-Zip: MIAMI, FL 33056

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change ( ) Addition
Name: CHARLES, ANNE
Address: 1820 NW 183 ST
City-St-Zip: MIAMI, FL 33056

Title: PSD ( ) Change (X) Addition
Name: HOLNESS, MICHAEL E
Address: 1820 NW 183 ST
City-St-Zip: MIAMI, FL 33056

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: ANNE CHARLES VP 01/22/2009

Electronic Signature of Signing Officer or Director — Date