2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2011
Secretary of State

DOCUMENT# P04000126084

Entity Name: OPTIMAL THERAPY CARE, INC.

Current Principal Place of Business:

1816 NW 183 ST
MIAMI, FL 33056

New Principal Place of Business:

17609 SW 54 ST
MIRAMAR, FL 33029

Current Mailing Address:

1816 NW 183 ST
MIAMI, FL 33056

New Mailing Address:

17609 SW 54 ST
MIRAMAR, FL 33029

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

Name and Address of Current Registered Agent:

CHARLES, ANNE
1816 NW 183 ST
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

CHARLES, ANNE
17609 SW 54 ST
MIRAMAR, FL 33029 US

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: _____ 03/16/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPSD
Name: CHARLES, ANNE
Address: 17609 SW 54 ST
City-St-Zip: MIRAMAR, FL 33029

Title: PSD
Name: HOLNESS, MICHAEL E
Address: 17609 SW 54 ST
City-St-Zip: MIRAMAR, FL 33029

I hereby 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 all other like empowered.

SIGNATURE: ANNE CHARLES VPSD 03/16/2011
Electronic Signature of Signing Officer or Director — Date