2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC0370717918

DOCUMENT# P04000126084

Entity Name: OPTIMAL THERAPY CARE, INC.

Current Principal Place of Business:

17609 SW 54 ST
MIRAMAR, FL 33029

Current Mailing Address:

17609 SW 54 ST
MIRAMAR, FL 33029

FEI Number: 20-1587601

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VPSD	Title	PSD
Name	CHARLES, ANNE	Name	HOLNESS, MICHAEL E
Address	17609 SW 54 ST	Address	17609 SW 54 ST
City-State-Zip:	MIRAMAR FL 33029	City-State-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: MICHAEL HOLNESS MGRM 04/30/2013

Electronic Signature of Signing Officer/Director Detail — Date