

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003439

Entity Name: OLYMPUS MANAGED HEALTH CARE, INC.**Current Principal Place of Business:**777 BRICKELL AVE
SUITE 410
MIAMI, FL 33131**Current Mailing Address:**73 QUEEN STREET
SHERBROOKE, QUEBEC J1M 0C9 CA**FEI Number:** 65-0749835**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NAVARRO, VICTOR
777 BRICKELL AVE
SUITE 410
MIAMI, FL 33131 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:** VICTOR NAVARRO

01/25/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LAFOND, NATHALIE
Address 73 QUEEN STREET
City-State-Zip: SHERBROOKE QUEBEC J1M 0C9

Title SECRETARY
Name REED, PAUL
Address 777 BRICKELL AVE
SUITE 1370
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name REED, PAUL
Address 777 BRICKELL AVE
SUITE 1370
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name REED, PAUL
Address 777 BRICKELL AVE
SUITE 1370
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name REED, PAUL
Address 777 BRICKELL AVE
SUITE 1370
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name REED, PAUL
Address 777 BRICKELL AVE
SUITE 1370
City-State-Zip: MIAMI FL 33131

Title OTHER
Name NAVARRO, VICTOR
Address 777 BRICKELL AVE
SUITE 410
City-State-Zip: MIAMI FL 33131

Title DIRECTOR
Name BULL, MICHEL
Address 73 QUEEN STREET
City-State-Zip: SHERBROOKE QUEBEC J1M 0C9

Continues on page 2

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: VICTOR NAVARRO**OFFICER**

01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SLAMA, PATRICK
Address	73 QUEEN STREET
City-State-Zip:	SHERBROOKE QUEBEC J1M 0C9