

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003439

**FILED**  
**Feb 19, 2018**  
**Secretary of State**  
**CC8203429058**

**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:** No

**Name and Address of Current Registered Agent:**

LAFOND, NATHALIE  
777 BRICKELL AVE  
SUITE 1370  
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:** NATHALIE LAFOND

02/19/2018

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

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Name REED, PAUL  
Address 777 BRICKELL AVE  
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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

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*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:** PAUL REED

SECRETARY

02/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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