

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000011474

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** OPTIMUM CARE CLINIC, INC.

**Current Principal Place of Business:**

882 SOUTH KIRKMAN ROAD  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1193  
OCOE, FL 34761

**New Mailing Address:**

P.O. BOX 1193  
OCOE, FL 34761

**FEI Number:** 45-3989658

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DARDIGNAC, EDELINE  
1714 CAMBRIDGE VILLAGE COURT  
OCOE, FL 34761 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

**OFFICERS AND DIRECTORS:**

**Title:** PCEO  
**Name:** DARDIGNAC, EDELINE  
**Address:** P.O. BOX 1193  
**City-St-Zip:** OCOE, FL 34761

**Title:** S  
**Name:** CELESTIN, LINDA  
**Address:** P.O. BOX 1193  
**City-St-Zip:** OCOE, FL 34761

**Title:** D  
**Name:** SRINIVASAN, PILLAI DR.  
**Address:** P.O. BOX 1193  
**City-St-Zip:** OCOE, FL 34761

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** EDELINE DARDIGNAC

P

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date