

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033605

FILED
Apr 27, 2007
Secretary of State

Entity Name: OPTIMUM BEHAVIORAL CARE, INC.

Current Principal Place of Business:

P.O. BOX 5574
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

1555 KINGSLEY AVE.
101
ORANGE PARK, FL 32073

Current Mailing Address:

P.O. BOX 5574
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 74-3050572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MORELLI, FRANK MR.
1555 KINGSLEY AVE.
101
ORANGE PARK, FL 32073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORELLI, FRANK
Address: P.O. BOX 5574
City-St-Zip: ST AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: MORELLI, FRANK
Address: P.O. BOX 5574
City-St-Zip: ST AUGUSTINE, FL 32085

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK MORELLI

MR.

04/27/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date