## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000086111				FILED		
1. Entity Name OPTIMUM FAMILY CARE P.A.					JUN 24 PH 1:02	
Principal Place of Business  8221 STATE RD 54  NEW PORT RICHEY, FL 34656  A TCheel, FL SAFETY HARBOR, FL 34695				All	LAHASSEE, FLORIDA	
	34655			)	98/8 88/8 19/8 8/01 4/04/1/08 1/08/8/08	
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06122008 NACINA	2WEN 07 -05	
City & State		City & State		4. FEI Number 54-2069658	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Fee Required W Registered Agent	
PODDICUEZ DANIEL II				Name		
RODRIGUEZ, DANIEL H  8221 SR 64- NEW PORT RICHEY, FL 34655  NEW PORT RICHEY, FL 34655  3531 Little Rd NEW PORT RICHEY, FL 34655			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
, <del></del>			City		FL Zip Code	
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its re	gistered office or regi	istered agent, or both, in the State of	Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signature r	required when reinstating	DATE	
	5 NOWELL 555 10 \$000 00					
	E NOWIII FEE IS \$900.00					
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO C	DEFICERS AND DIRECTORS IN 11	
NAME	RODRIGUEZ, DANIEL H	☐ Delete	TITLE NAME	man a m	Change Addition	
STREET ADDRESS CITY-ST-ZIP	8221 SR 54 NEW PORT RICHEY, FL 34655		STREET ADDRESS CITY-ST-ZIP	- 60013 06/23/08010	1594746 )52023 **\$00.00	
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CITY-ST-ZIP	att About the defendance of the con-	nii 20	CITX-ST-ZIP	feed to Observe And Plants Co.	and Amban and the State of the	
indicated of the cor changed	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address,	n this tiling does not quality for s true and accurate and that my owered to execute this report a with all other like empowered.	ine exemptions conta signature shall have s required by Chapter	ined in Chapter 119, Florida Statute the same legal effect as if made und r 607, Florida Statutes; and that my r	is. I further certify that the information der oath; that I am an officer or director tame appears in Block 10 or Block 11 if	
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER O	PELH. RE	dfiguer 6/16	3/08 (727)375-1548	
<del></del> -					Sugario rinoro P	