2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: OLYMPUS HEALTHCARE, INC.

Current Principal Place of Business:

1325 SW 1ST STREET
MIAMI, FL 33155 US

New Principal Place of Business:

2100 PONCE DE LEON BLVD
#1203
CORAL GABLES, FL 33134 US

Current Mailing Address:

1325 SW 1ST STREET
MIAMI, FL 33155 US

New Mailing Address:

2100 PONCE DE LEON BLVD
#1203
CORAL GABLES, FL 33134 US

FEI Number: 75-3116977 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, CARLOS J
2100 PONCE DE LEON BLVD.
SUITE 1203
CORAL GABLES, FL 33134 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: D
Name: DUMENIGO, FEDERICO
Address: 4521 SW 64 AV
City-St-Zip: MIAMI, FL 33135

Title: PSD
Name: GONZALEZ, CARLOS J
Address: 2100 PONCE DE LEON BLVD, SUITE 1203
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPTD
Name: GONZALEZ, CHRISTOPHER
Address: 2100 PONCE DE LEON BLVD #1203
City-St-Zip: CORAL GABLES, FL 33134 US

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: CARLOS J GONZALEZ P 03/15/2011

Electronic Signature of Signing Officer or Director Date