

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133100

Entity Name: OLYMPUS HEALTHCARE, INC.

FILED  
Apr 12, 2012  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

2701 SW 37 AVE  
138  
MIAMI, FL 33133 US

## Current Mailing Address:

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

## New Mailing Address:

2701 SW 37 AVE  
138  
MIAMI, FL 33133 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:

GONZALEZ, CARLOS J  
2701 SW 37 AVE  
SUITE 1387  
MIAMI, FL 33133 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: CARLOS J GONZALEZ

04/12/2012

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: 2701 SW 37 AVE #138  
City-St-Zip: MIAMI, FL 33133 US

Title: VPTD  
Name: GONZALEZ, CHRISTOPHER  
Address: 2701 SW 37 AVE #138  
City-St-Zip: MIAMI, FL 33133 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

04/12/2012

Electronic Signature of Signing Officer or Director

Date