

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000126084

FILED  
Mar 31, 2010  
Secretary of State

Entity Name: OPTIMAL THERAPY CARE, INC.

## Current Principal Place of Business:

1820 NW 183 ST  
MIAMI, FL 33056

## New Principal Place of Business:

1816 NW 183 ST  
MIAMI, FL 33056

## Current Mailing Address:

1820 NW 183 ST  
MIAMI, FL 33056

## New Mailing Address:

1816 NW 183 ST  
MIAMI, FL 33056

FEI Number: 20-1587601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHARLES, ANNE  
1820 NW 183 ST  
MIAMI, FL 33056 US

## Name and Address of New Registered Agent:

CHARLES, ANNE  
1816 NW 183 ST  
MIAMI, FL 33056 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: ANNE CHARLES

03/31/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPSD  
Name: CHARLES, ANNE  
Address: 1816 NW 183 ST  
City-St-Zip: MIAMI, FL 33056

Title: PSD  
Name: HOLNESS, MICHAEL E  
Address: 1816 NW 183 ST  
City-St-Zip: MIAMI, FL 33056

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: MICHAEL HOLNESS

PSD

03/31/2010

Electronic Signature of Signing Officer or Director

Date