2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142919

Entity Name: OPTIMUM HEALTH MEDICAL OFFICE, CORP

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1790 W. 49TH ST., SUITE 303 1790 WEST 49 STREET SUITE114 HIALEAH, FL 33012

HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

1790 W. 49TH ST., SUITE 303 15341 SOUTH WEST 20 STREET

HIALEAH, FL 33012 MIRAMAR, FL 33027

FEI Number: 20-1758228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BOTANA, JOANY BOTANA, JOANY 1790 WEST 49 STREET 3195 NW 98TH ST. MIAMI, FL 33147 SUITE 114 HIALEAH, FL 33012 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: JOANY BOTANA 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition PSTD () Delete Title: **PSTD**

BOTANA, JOANY Name: Name: BOTANA, JOANY

3195 NW 98TH ST. 17530 NORTH WEST 76 COURT Address: Address:

City-St-Zip: MIAMI, FL 33147 City-St-Zip: MIAMI, FL 33015

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: JOANY BOTANA **PSTD** 04/30/2007