

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142919

FILED
Apr 30, 2008
Secretary of State

Entity Name: OPTIMUM HEALTH MEDICAL OFFICE, CORP

Current Principal Place of Business:

1790 WEST 49 STREET SUITE114
HIALEAH, FL 33012

New Principal Place of Business:

1790 WEST 49 STREET
SUITE 114
HIALEAH, FL 33012

Current Mailing Address:

15341 SOUTH WEST 20 STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-1758228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOTANA, JOANY
1790 WEST 49 STREET
SUITE 114
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BOTANA, JOANY
Address: 17530 NORTH WEST 76 COURT
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PSD

04/30/2008

Electronic Signature of Signing Officer or Director

Date