

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125418

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** OPTIMA HEALTH CARE SERVICES, CORP.

**Current Principal Place of Business:**

7175 SW 8 ST  
203  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7175 SW 8 ST  
203  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 20-3410541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW SERVICES, P.A.  
3126 CORAL WAY  
MIAMI, FL 33145 US

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

SARIBEL DE TRINCHERIA  
7175 SW 8 ST  
SUITE 203  
MIAMI, FL 33144 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:** SARIBEL DE TRINCHERIA

01/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** DE TRINCHERIA, SARIBEL  
**Address:** 7175 SW 8 ST SUITE 203  
**City-St-Zip:** MIAMI, FL 33144

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:** SARIBEL DE TRINCHERIA

D

01/30/2012

Electronic Signature of Signing Officer or Director

Date