2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# P06000040892

Entity Name: OPTIMUM MEDICAL CENTER, INC.

Current Principal Place of Business:

4230 WEST 16TH AVE
HIALEAH, FL 33012

New Principal Place of Business:

7575 SW 62ND AVENUE
SUITE - B
MIAMI, FL 33143

Current Mailing Address:

4474 WESTON ROAD
190
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-4812430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSIDY, BERNARD M
ONE EAST BROWARD BLVD
SUITE 1410
FORT LAUDERDALE, FL 33301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PIEDRA, ANTONIO E
Address: 4474 WESTON RD., #190
City-St-Zip: WESTON, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD ( ) Change (X) Addition
Name: PIEDRA, ANTONIO E
Address: 4474 WESTON ROAD, # 190
City-St-Zip: WESTON, FL 33331

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: ANTONIO PIEDRA PD 07/11/2008

Electronic Signature of Signing Officer or Director — Date