

2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000086802

FILED
Feb 08, 2012
Secretary of State

Entity Name: OPTIMA HOME HEALTH INC

Current Principal Place of Business:

13139 WEST LINEBAUGH AVE
SUITE 201
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12760 WESTWOOD LAKES BLVD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-0638738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRABHAKARAN, GAYLE
12760 WESTWOOD LAKES BLVD
TAMPA, FL 33626 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: GAYLE PRABHAKARAN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: PRABHAKARAN, JOHN
Address: 12760 WESTWOOD LAKES BLVD
City-St-Zip: TAMPA, FL 33626

Title: VP
Name: PRABHAKARAN, GAYLE
Address: 12760 WESTWOOD LAKES BLVD
City-St-Zip: TAMPA, FL 33626

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: JOHN PRABHAKARAN

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02/08/2012

Electronic Signature of Signing Officer or Director

Date