

2010 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 07, 2010
Secretary of State

Entity Name: OPTIMAL HOME HEALTH CARE SERVICES INC

Current Principal Place of Business:

15291 NW 60TH AVENUE
STE 105
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

15291 NW 60TH AVENUE
STE 105
MIAMI, FL 33014

New Mailing Address:

FEI Number: 26-3322174 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UBEDA, ALCIRA
15291 NW 60TH AVENUE
STE 105
MIAMI LAKES, FL 33014 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

OFFICERS AND DIRECTORS:

Title: P
Name: UBEDA, ALCIRA
Address: 15291 NW 60TH AVENUE
City-St-Zip: MIAMI, FL 33014

Title: VP
Name: DELOS ANGELES TORRES, WENDY
Address: 15291 NW 60TH AVENUE
City-St-Zip: MIAMI, FL 33014

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: ALCIRA UBEDA

P

07/07/2010

Electronic Signature of Signing Officer or Director

Date