

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000051172

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Entity Name:** OPTIMUM HEALTH CARE SERVICES CORP.

**Current Principal Place of Business:**

5545 SW 8TH ST., #105  
MIAMI, FL 33134

**New Principal Place of Business:**

1470 NW 7 STREET  
SUITE K  
MIAMI, FL 33172

**Current Mailing Address:**

5545 SW 8TH ST., #105  
MIAMI, FL 33134

**New Mailing Address:**

1470 SW 107 AVE  
SUITE K  
MIAMI, FL 33134

**FEI Number:** 27-0359254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMAN, NORKA-MARIA  
5545 SW 8TH ST., #105  
MIAMI, FL 33134 US

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

ROMAN, NORKA-MARIA  
1470 NW 107 AVE  
SUITE K  
MIAMI, FL 33172 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: NORKA MARIA ROMAN

05/10/2010

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  
Name: ROMAN, NORKA-MARIA  
Address: 1470 NW 107 AVE SUITE K  
City-St-Zip: MIAMI, FL 33172

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: NORKA MARIA ROMAN

PD

05/10/2010

Electronic Signature of Signing Officer or Director

Date