

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000082305

FILED
Mar 31, 2011
Secretary of State

Entity Name: OPTIMUM MEDICAL CARE, INC.

Current Principal Place of Business:

2695 NORTH MILITARY TRAIL
9
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2695 NORTH MILITARY TRAIL
9
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 27-3647839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCOIS, JEAN
1445 N.E. 178TH STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

BRUNO, PIERRE
2695 N. MILITARY TRL
9
WEST PALM BEACH, FL 33409 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: PIERRE BRUNO

03/31/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROMULUS, CLAUDE B MD
Address: 6320 MIRAMAR PARKWAY, SUITE A
City-St-Zip: MIRAMAR, FL 33023

Title: VP
Name: CREATIVE MARKETING AND INVESTMENTS, INC
Address: 4047 OKEECHOBEE BLVD #115
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SEC
Name: LAURENT, NADINE
Address: 1249 W. 34TH ST.
City-St-Zip: RIVIERA BEACH, FL 33404

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: CLAUDE ROMULUS

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date