2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2011
Secretary of State

DOCUMENT# P10000092143

Entity Name: OPTIMUM ONE HEALTH, INC.

Current Principal Place of Business:

841 PRUDENTIAL DR., 12TH FL.
JACKSONVILLE, FL 32207

New Principal Place of Business:

1239 E NEWPORT CENTER DR
STE 101
DEERFIELD BEACH, FL 33442

Current Mailing Address:

841 PRUDENTIAL DR., 12TH FL.
JACKSONVILLE, FL 32207

New Mailing Address:

1239 E NEWPORT CENTER DR
STE 101
DEERFIELD BEACH, FL 33442

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

Name and Address of Current Registered Agent:

STUART M ROTMAN CPA PA
8551 W SUNRISE BLVD
SUITE 100A
PLANTATION, FL 33322 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: DPS
Name: REBEN, STUART E
Address: 1239 E NEWPORT CENTER DR STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DT
Name: COHEN, SETH
Address: 1239 E NEWPORT CENTER DR STE 101
City-St-Zip: DEERFIELD BEACH, FL 33442

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: STUART E REBEN P 02/08/2011

Electronic Signature of Signing Officer or Director — Date