

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000039848

FILED
Feb 09, 2012
Secretary of State

Entity Name: OPTIMAL MOVEMENT HEALTH SERVICES, INC.

Current Principal Place of Business:

20255 NW 3 AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20255 NW 3 AVENUE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 80-0717031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCREA, CHAUNTE'
20255 NW 3 AVENUE
MIAMI, FL 33169 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: MCCREA, CHAUNTE
Address: 20255 NW 3 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: VP
Name: BRICE, CHIANTE
Address: 1624 NW 188 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: SEC
Name: WILCOX, WILMA
Address: 14730 NW 10 AVENUE
City-St-Zip: MIAMI, FL 33168

Title: TRES
Name: MCCREA, CHAUNTE'
Address: 20255 NW 3 AVENUE
City-St-Zip: MIAMI, FL 33169

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: WILMA WILCOX

SEC

02/09/2012

Electronic Signature of Signing Officer or Director

Date