

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000105715

FILED
Sep 19, 2012
Secretary of State

Entity Name: OPTIMAL HEALTHCARE PHYSICAL MEDICINE, INC

Current Principal Place of Business:

1051 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 US

New Principal Place of Business:

Current Mailing Address:

1051 TOWN CENTER DRIVE
ORANGE CITY, FL 32763 US

New Mailing Address:

FEI Number: 45-4034724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE LAW OFFICES OF JEFF COHEN, P.A.
909 SE 5TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 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: DP
Name: LECHMAIER, CHRISTOPHER
Address: 1051 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: DST
Name: LECHMAIER, TRICIA
Address: 1051 TOWN CENTER DRIVE
City-St-Zip: ORANGE CITY, FL 32763 US

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: CHRISTOPHER LECHMAIER

DR.

09/19/2012

Electronic Signature of Signing Officer or Director

Date