FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027217 (6)**

1. Corporation Name
OPTIMUM HEALTH CARE, INC.

Principal Place of Business
2520 S.W. 99TH AVE.
MIAMI FL 33165

Mailing Address
2520 S.W. 99TH AVE.
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1994
3a. Date of Last Report:

2. Principal Place of Business
21 9745 SUNSET DRIVE
Suite, Apt. # etc.
22 # 225
City & State
23 MIAMI FL.
24 33173 25 USA

2a. Mailing Address
26 9745 SUNSET DRIVE
Suite, Apt. # etc.
27 # 225
City & State
28 MIAMI FL.
29 33173 30 USA

4. FEI Number: 65-0480465 — Applied For / Not Applicable

5. Certificate of Status Desired: $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees

8. Does corporation hereby authorize the transaction of business in Florida? X Yes

9. Name and Address of Current Registered Agent
CARNESOLTAS, ANA-MARIA
3971 S.W. 8TH STREET
SUITE 306
MIAMI FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits the statement of the principal place of business, registered office or registered agent, and the statutes, Florida, and hereby authorized by the corporation's board of directors, Florida, to act as the registered agent. I am familiar with and accept the appointment as registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HORSTMAN, OSCAR
STREET ADDRESS	2520 S.W. 99TH AVE.
CITY, ST, ZIP	MIAMI FL 33165
TITLE	STD
NAME	HERNANDEZ, JUAN
STREET ADDRESS	1405 S.W. 102ND PLACE
CITY, ST, ZIP	MIAMI FL 33165

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, ETC.

TITLE	VD
NAME	OSCAR HORSTMANN
STREET ADDRESS	2520 SW 99 AVE
CITY, ST, ZIP	MIAMI, FL 33165
TITLE	PSTD
NAME	Juan Hernandez
STREET ADDRESS	1405 SW 102 PLACE
CITY, ST, ZIP	MIAMI, FL 33174

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the exemption contained in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report filing are true and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 hereof as an officer and/or director.

SIGNATURE: Juan Hernandez JUAN HERNANDEZ 4/19/95 305-273-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0178314 CP