

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054840

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: OPTIMUM CARE SERVICES, INC.

**Current Principal Place of Business:**

635 SLATERS LANE  
SUITE 140  
ALEXANDRIA, VA 22314 US

**New Principal Place of Business:**

**Current Mailing Address:**

635 SLATERS LANE  
SUITE 140  
ALEXANDRIA, VA 22314 US

**New Mailing Address:**

FEI Number: 65-0510402      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COPROLITE CORPORATION  
ONE SOUTHEAST THIRD AVENUE, SUITE 2130  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: EDELSTEIN, SOL DR  
Address: 635 SLATERS LANE, SUITE 140  
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: P ( ) Delete  
Name: MCALLISTER, PAT  
Address: 635 SLATERS LANE, SUITE 140  
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: S ( ) Delete  
Name: CAHILL, MELINDA  
Address: 635 SLATERS LANE, SUITE 140  
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: DT ( ) Delete  
Name: GIULIANI, BENJAMIN  
Address: 635 SLATERS LANE, SUITE 140  
City-St-Zip: ALEXANDRIA, VA 22314 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAT MCALLISTER

P

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date