

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054840

FILED
Apr 13, 2006
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 Chapter 119, 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

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date