

P94000054840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

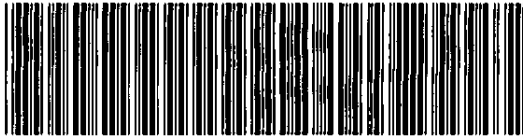
(Business Entity Name)

(Document Number)

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11 JAN -7 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-1-7-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 29, 2010

JJ WALSH  
DELANEY CORPORATE SERVICES, LTD.  
823 CONGRESS AVE, STE 225  
AUSTIN, TX 78701

SUBJECT: OPTIMUM CARE SERVICES, INC.  
Ref. Number: P94000054840

We have received your document for OPTIMUM CARE SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 610A00030049

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JAN -7 AM 8:21

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*Signed & returned  
to SOS FL 1/3/2011*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Optimum Care Services, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P94000054840

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JJ Walsh  
(Name of Contact Person)

Delaney Corporate Services, Ltd.  
(Firm/Company)

823 Congress Avenue, Suite 225  
(Address)

Austin, TX 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

JJ Walsh at ( 512 ) 499.8999  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Optimum Care Services, Inc.
2. The principal office address: 1340 Braddock Place, Suite 201, Alexandria, VA 22314
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/25/1994 Document number: P94000054840

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Coprolite Corporation  
One Southeast Third Avenue, Suite 2130  
Miami, FL 33131

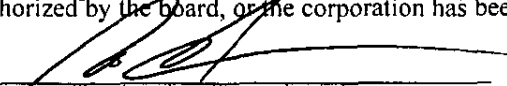
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

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**TALLAHASSEE, FLORIDA**

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Adam Edelstein, Secretary  
(Signature of an officer or director) (Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 1/3/2011  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:  
Joseph Canham, Assist. Secretary  
(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***