

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000054840

FILED
Oct 08, 2013
Secretary of State

Entity Name: OPTIMUM CARE SERVICES, INC.

Current Principal Place of Business:

1340 BRADDOCK PLACE
SUITE 201
ALEXANDRIA, VA 22314 US

New Principal Place of Business:

1340 BRADDOCK AVE
SUITE 210
ALEXANDRIA, VA 22314 US

Current Mailing Address:

1340 BRADDOCK PLACE
SUITE 201
ALEXANDRIA, VA 22314 US

New Mailing Address:

101 W 81ST STREET
APT 102
NEW YORK, NY 10024 US

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: PATRICIA M. RICE

10/08/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC
Name: EDELSTEIN, SOL DR
Address: 1340 BRADDOCK PLACE, SUITE 201
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: P
Name: MCALLISTER, PATRICIA
Address: 1340 BRADDOCK PLACE, SUITE 201
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: S
Name: CAHILL, MELINDA
Address: 1340 BRADDOCK PLACE, SUITE 201
City-St-Zip: ALEXANDRIA, VA 22314 US

Title: DT
Name: GIULIANI, BENJAMIN
Address: 1340 BRADDOCK PLACE, SUITE 201
City-St-Zip: ALEXANDRIA, VA 22314 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: SOL EDELSTEIN

DC

10/08/2013

Electronic Signature of Signing Officer or Director

Date