

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069146

FILED
Apr 17, 2006
Secretary of State

Entity Name: OPTIMUM HOME HEALTH, INC.

Current Principal Place of Business:

11260NW 22 ST
PLANIATION ACRES, FL 33323

New Principal Place of Business:

Current Mailing Address:

11260 NW 22 ST
PLANTATION, FL 33323

New Mailing Address:

FEI Number: 65-0689947

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTEEL, BRIAN E
11260 NW 22 ST
PLANTATION, FL 33323 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: P () Delete
Name: CASTEEL, BRIAN E
Address: 11260 NW 22 ST
City-St-Zip: PLANTAAATION ACRES, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASTEEL, BRIAN E
Address: 11260 NW 22 ST
City-St-Zip: PLANTATION ACRES, FL 33323

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: BRIAN E. CASTEEL

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date