

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080789

FILED
Aug 12, 2004
Secretary of State

Entity Name: OPTIMA HEALTH SERVICES, INC.

Current Principal Place of Business:

703 60TH ST CT E
SUITE C
BRADENTON, FL 34208

New Principal Place of Business:

707 60TH ST. CT. EAST
SUITE A
BRADENTON, FL 34208

Current Mailing Address:

5608 40TH AVE E
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 59-3534764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, RONAY
5608 40TH AVE E
BRADENTON, FL 34208

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REED, RONAY
Address: 5608 40TH AVE E
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RONAY REED

PRES

08/12/2004

Electronic Signature of Signing Officer or Director

_____ Date