2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000093321

1. Entity Name
OLIMPIA HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
1205 SW 37TH AVE SUITE 201 MIAMI, FL 33135	1205 SW 37TH AVE SUITE 201 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

4U1...

04212007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0889272	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~PEREZ, CHRIS~~ EDDY F FERNANDEZ
~~1205 SW 37TH AVE~~ 6423 Collins Ave # 1008
~~SUITE 201~~
~~MIAMI, FL 33135~~ Miami Beach, Fl 33141

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: EDDY F FERNANDEZ Sec/Treas _Eddy Fernandez_   4/24/07.
Signature, type or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CORONA, RAMON DR
STREET ADDRESS	1205 SW 37 AVE STE 201
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	VP
NAME	FERNANDEZ, EDDY F DR
STREET ADDRESS	6423 COLLINS AVE # 1008
CITY-ST-ZIP	MIAMI BEACH, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Eddy Fernandez_ V.P.   4/24/07   (786) 854-1819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #