


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P98000093321 1. Entity Name OLIMPIA HEALTH SYSTEMS, INC.	
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Principal Place of Business 1205 SW 37TH AVE SUITE 201 MIAMI, FL 33135	Mailing Address 1205 SW 37TH AVE SUITE 201 MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0889272	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

FERNANDEZ, EDDY F  
 6423 COLLINS AVE  
 1008  
 MIAMI BEACH, FL 33141

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORONA, RAMON DR 1205 SW 37 AVE STE 201 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, EDDY F DR 6423 COLLINS AVE # 1008 MIAMI BEACH, FL 33141
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U00000855719  
 03/27/08-80062-008 150.00

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* 3/10/08 (786) 859-1819.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #