

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000093321

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** OLIMPIA HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

1205 SW 37TH AVE  
SUITE 201  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

1205 SW 37TH AVE  
SUITE 201  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 65-0889272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORONA, RAMON DR  
Address: 1205 SW 37 AVE STE 201  
City-St-Zip: MIAMI, FL 33135

Title: VP  
Name: FERNANDEZ, EDDY F DR  
Address: 6423 COLLINS AVE # 1008  
City-St-Zip: MIAMI BEACH, FL 33141

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: RAMON CORONA

PD

04/28/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date