


DOCUMENT # P99000017782

1. Entity Name

OPTIMUM THERAPY, INC.



Principal Place of Business

3885 S FLA AVE
LAKELAND FL 33813

Mailing Address

3885 S FLA AVE
LAKELAND FL 33813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3556075

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGKALIWANGAN, LILIAN J
3885 S FLA AVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

P

☐ Delete

NAME

PAGKALIWANGAN, LIGIAN

STREET ADDRESS

3885 S FLA AVE

CITY-ST-ZIP

LAKELAND FL 33813

TITLE

VP

☐ Delete

NAME

ARELLANO, RAYMUNDO P

STREET ADDRESS

3885 S. FLORIDA AVE

CITY-ST-ZIP

LAKELAND FL 33813

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P

☒ Change ☐ Addition

NAME

PAGKALIWANGAN, LILIAN

STREET ADDRESS

3885 S. FLA AVE

CITY-ST-ZIP

LAKELAND, FL # 33813

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: LILIAN J. PAGKALIWANGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25 '05

Date

(863) 648-1186

Daytime Phone #