

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90094 023 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ - CHECK HERE IF MAKING CHANGES -

City & State

City & State

4. FEI Number **59-3556075**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAGKALIWANGAN, LILLIAN J
3885 S FLA AVE
LAKELAND FL 33813**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00.

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PAGKALIWANGAN, LILLIAN J**
STREET ADDRESS **3885 S FLA AVE**
CITY-ST-ZIP **LAKELAND FL 33813**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ARELLANO, RAYMUNDO P.**
STREET ADDRESS **3885 S FLA AVE**
CITY-ST-ZIP **LAKELAND FL 33813**

☒ Change ☐ Addition
TITLE **VP**
NAME **ARELLANO, RAYMUNDO P.**
STREET ADDRESS **3885 S. FLORIDA AVE**
CITY-ST-ZIP **LAKELAND, FL #33813**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lillian J Pagkaliwangan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10 '2003 (863) 648-1186

Date Daytime Phone #

CR2E034 (10/02)