2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# V59034

Entity Name: OPTIMA HEALTHCARE SOLUTIONS, INC.

Current Principal Place of Business:

4229 SW HIGH MEADOWS AVENUE
PALM CITY, FL 349903726 US

New Principal Place of Business:

Current Mailing Address:

4229 SW HIGH MEADOWS AVENUE
PALM CITY, FL 349903726 US

New Mailing Address:

FEI Number: 65-0356561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZEAU, LOUIS JR
1002 SE MONTEREY COMMONS BLVD.
SUITE 100
STUART, FL 34996 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: DP
Name: MACKIE, STEPHAN C
Address: 4229 SW HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 349903726 US

Title: DV
Name: WALLIN, RANDAL C
Address: 4229 SW HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 349903726 US

Title: V
Name: KATRI, MICHAEL J
Address: 4229 SW HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 349903726 US

Title: V
Name: KATRI, RYAN M
Address: 4229 SW HIGH MEADOWS AVENUE
City-St-Zip: PALM CITY, FL 349903726 US

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: STEPHAN C. MACKIE PRES 03/27/2012

Electronic Signature of Signing Officer or Director — Date