

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000054840

Entity Name: OPTIMUM CARE SERVICES, INC.

Current Principal Place of Business:

1330 BRADDOCK PLACE
SUITE 204
ALEXANDRIA, VA 22314

Current Mailing Address:

1330 BRADDOCK PLACE
SUITE 204
ALEXANDRIA, VA 22314 US

FEI Number: 65-0510402

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title DC
Name EDELSTEIN, SOL DR
Address 1330 BRADDOCK PLACE, SUITE 204
City-State-Zip: ALEXANDRIA VA 22314

Title P
Name MCALLISTER, PATRICIA
Address 1330 BRADDOCK PLACE, SUITE 204
City-State-Zip: ALEXANDRIA VA 22314

Title S
Name CAHILL, MELINDA
Address 1330 BRADDOCK PLACE, SUITE 204
City-State-Zip: ALEXANDRIA VA 22314

Title DT
Name GIULIANI, BENJAMIN
Address 1330 BRADDOCK PLACE, SUITE 204
City-State-Zip: ALEXANDRIA VA 22314

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: SOL EDELSTEIN

DIRECTOR

03/24/2014

Electronic Signature of Signing Officer/Director Detail

Date