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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003148 (1)**

1. Corporation Name
OLYMPUS MANAGED HEALTH CARE, INC.

Principal Place of Business	Mailing Address
1880 N.E. 163RD ST.. STE 202 N MIAMI BEACH FL 33162	1880 N.E. 163RD ST.. STE 202 N MIAMI BEACH FL 33162-4867

3. Date Incorporated or Qualified: 06/20/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 777 Brickell Avenue	26 777 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 650	Suite, Apt. #, etc. 27 Suite 650
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: 65-0640078 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBSON, STEVEN W
1880 N.E. 163RD ST., #202
N MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: Steven W. Jacobson
82 Street Address (P.O. Box Number is Not Acceptable): 777 Brickell Avenue
83 Suite 650
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE	President - CEO Director P/C	☑ Change ☐ Addition
NAME	JACOBSON, STEVEN W		1.2 NAME	Steven W. Jacobson	
STREET ADDRESS	1880 N.E. 163RD ST., #202		1.3 STREET ADDRESS	777 Brickell Ave, Suite 650	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE	VD	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, ANDREW S		2.2 NAME		
STREET ADDRESS	1880 N.E. 163RD ST., #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	Secretary - Treasurer Director S/T	☑ Change ☐ Addition
NAME	CHINCHILLE, EUGENIA		3.2 NAME	Eugenio Chinchilla	
STREET ADDRESS	1880 N.E. 163RD ST., #202		3.3 STREET ADDRESS	777 Brickell Ave., Suite 650	
CITY-ST-ZIP	N MIAMI BEACH FL		3.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	T	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, ASHLEY C		4.2 NAME		
STREET ADDRESS	1880 N.E. 163RD ST., #202		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S.W. 1/6/97 305-530-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #