

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-03-2001 90060 021 ***150.00

DOCUMENT # F97000003439

1. Entity Name

OLYMPUS MANAGED HEALTH CARE, INC.

Principal Place of Business

**600 BRICKELL AVE
SUITE 701
MIAMI FL 33131
US**

Mailing Address

**600 BRICKELL AVE
SUITE 701
MIAMI FL 33131
US**

2. Principal Place of Business

**777 Brickell Avenue
Suite, Apt. #, etc.
950**

3. Mailing Address

**777 Brickell Avenue
Suite, Apt. #, etc.
950**

City & State

Miami FL.

City & State

Miami, FL.

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0749835

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BLUMBERG EXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name

Steven W. Jacobson

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

777 Brickell Avenue, Suite 950

City

Miami**FL**

Zip Code

33131

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.

SIGNATURE

S.W. Jacobson
Signature, typed or printed name of registered agent and title if applicable.**Steven W. Jacobson****Pres/CEO****4/13/01**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, DONALD	
STREET ADDRESS	115 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	MEYER, SIDNEY L	
STREET ADDRESS	115 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN W. JACOBSON	
STREET ADDRESS	777 Brickell Avenue, Suite 950	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert S. Rovin	
STREET ADDRESS	777 Brickell Avenue, Suite 950	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven W. Jacobson

Date

3/30/01

Daytime Phone #

305-530-8600

CR2E034 (10/00)