2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# F97000003439

Entity Name: OLYMPUS MANAGED HEALTH CARE, INC.

Current Principal Place of Business:

777 BRICKELL AVE
SUITE 1370
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

777 BRICKELL AVE
SUITE 1370
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 65-0749835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JACOBSON, STEVEN W
777 BRICKELL AVE
SUITE 1370
MIAMI, FL 33131 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: CD ( ) Delete
Name: JACOBSON, STEVEN W
Address: 777 BRICKELL AVENUE, SUITE 1370
City-St-Zip: MIAMI, FL 33131

Title: PD ( ) Delete
Name: RECIO, FRANCISO
Address: 777 BRICKELL AVENUE, SUITE 1370
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: DAVIS, RONALD
Address: 777 BRICKELL AVENUE, SUITE 1370
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Delete
Name: FULTON, KELLY
Address: 777 BRICKELL AVENUE, SUITE 1370
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CFOD (X) Change ( ) Addition
Name: DAVIS, RONALD
Address: 777 BRICKELL AVENUE, SUITE 1370
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN W. JACOBSON CD 06/24/2005

Electronic Signature of Signing Officer or Director Date