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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F97000004010 (1)

NC 4/20/98

1. Corporation Name
~~COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIAT ION, INC.~~ OPTIMUM HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
507 SO PAULA DR DUNEDIN FL 34698	507 SO PAULA DR DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1997

2. Principal Place of Business	2a. Mailing Address
21 17757 U.S. Hwy 19 N.	26 17757 U.S. Hwy 19 N.
Suite, Apt. #, etc. 22 Suite 350	Suite, Apt. #, etc. 27 Suite 350
City & State 23 Clearwater Florida	City & State 28 Clearwater Florida
Zip / Country 24 33764 25 U.S.A.	Zip / Country 29 33764 30 U.S.A.

4. FEI Number: 52-2042636 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATCHEN, JASON M 507 SO PAULA DR DUNEDIN FL 34698	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 17757 U.S. Hwy 19 N. 83 Suite 350 84 City: Clearwater FL 85 Zip Code: 33764

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 signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCMILLEN, C T		1.2 NAME		
STREET ADDRESS	725 INDEPENDENCE AVE SE		1.3 STREET ADDRESS	666 11th Street N.W.	
CITY-ST-ZIP	WASHINGTON DC 20003		1.4 CITY-ST-ZIP	Washington, D.C. 20001	
TITLE	P	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PATCHEN, JASON M		2.2 NAME		
STREET ADDRESS	507 SO PAULA DR		2.3 STREET ADDRESS	17757 U.S. Hwy 19 N., Suite 350	
CITY-ST-ZIP	DUNEDIN FL 34698		2.4 CITY-ST-ZIP	Clearwater FL 33764	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MILLER, CHRISTIAN E		3.2 NAME		
STREET ADDRESS	507 SO PAULA DR		3.3 STREET ADDRESS	17757 U.S. Hwy 19 N., Suite 350	
CITY-ST-ZIP	DUNEDIN FL 34698		3.4 CITY-ST-ZIP	Clearwater FL 33764	
TITLE	S	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	GRADY, CHRISTOPHER M		4.2 NAME		
STREET ADDRESS	507 SO PAULA DR		4.3 STREET ADDRESS	17757 U.S. Hwy 19 N., Suite 350	
CITY-ST-ZIP	DUNEDIN FL 34698		4.4 CITY-ST-ZIP	Clearwater FL 33764	
TITLE	T	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SHERWIN, DAVID A		5.2 NAME		
STREET ADDRESS	507 SO PAULA DR		5.3 STREET ADDRESS	17757 U.S. Hwy 19 N., Suite 350	
CITY-ST-ZIP	DUNEDIN FL 34698		5.4 CITY-ST-ZIP	Clearwater FL 33764	
TITLE	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TONEY, SAM P		6.2 NAME	600002527616	
STREET ADDRESS	507 SO PAULA DR		6.3 STREET ADDRESS	-05/18/98--01076--043	
CITY-ST-ZIP	DUNEDIN FL 34698		6.4 CITY-ST-ZIP	***150.00	

JC 5/15

14. 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 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: _____ DAVID A. SHERWIN 4-29-98 (813) 536-9864

CR2E034 (10/97)