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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90031 031 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004010**

1. Corporation Name

OPTIMUM HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

17757 US HWY 19 N SUITE 350
CLEARWATER FL 33764

17757 US HWY 19 N SUITE 350
CLEARWATER FL 33764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1997

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 470

City & State

Zip

Country

24

25

Suite, Apt. #, etc.

SUITE 470

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATCHEN, JASON M
17757 US HWY 19 N SUITE 350
CLEARWATER FL 33764

81 Name

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

SUITE 470

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **C**
MCMLLEN, C T
STREET ADDRESS **666 11TH ST NW**
CITY-ST-ZIP **WASHINGTON DC 20001**

TITLE ☐ DELETE

NAME **P**
PATCHEN, JASON M
STREET ADDRESS **17757 US HWY 19 N SUITE 350**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☒ DELETE

NAME **V**
MILLER, CHRISTIAN E
STREET ADDRESS **17757 US HWY 19 N SUITE 350**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ DELETE

NAME **S**
GRADY, CHRISTOPHER M
STREET ADDRESS **17757 US HWY 19 N SUITE 350**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ DELETE

NAME **T**
SHERWIN, DAVID A
STREET ADDRESS **17757 US HWY 19 N SUITE 350**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

26V E. KAPLAN

8248 Paseo Vista Dr.

Las Vegas, NV 89128

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 **727-536-9956**

CR2E034 (11/98)

544863-90031-31
P97 000004010
PROFIT CORPORATION 1999 ANNUAL REPORT

OFFICER / DIRECTOR ATTACHMENT

RE: DOCUMENT #P97000004010

OPTIMUM HEALTH SERVICES, INC.

BOX 13. Additions to Officers/Directors

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Dan Tillotson
1635 Sand Key Estates Ct.
Clearwater, Fl 33767