

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000004010**

1. Entity Name

**OPTIMUM HEALTH SERVICES, INC.****FILED****May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90178 043 \*\*\*150.00

Principal Place of Business

Mailing Address

17757 U.S. HWY 19 NORTH  
SUITE 470  
CLEARWATER FL 3376417757 U.S. HWY 19 NORTH  
SUITE 470  
CLEARWATER FL 33764-6598

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 350

Suite, Apt. #, etc.

SUITE 350

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

52-2042636

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATCHEN, JASON M  
17757 U.S. HWY 19 NORTH  
SUITE 470 350  
CLEARWATER FL 33764

Name

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

SUITE 350

City

FL

Zip Code

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

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

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME MCMILLEN, C T  
STREET ADDRESS 666 11TH ST NW  
CITY-ST-ZIP WASHINGTON DC 20001TITLE D ☐ Change ☒ Addition  
NAME David Mitchell  
STREET ADDRESS 5 E. 59th Street  
CITY-ST-ZIP New York, N.Y. 10022TITLE P ☐ Delete  
NAME PATCHEN, JASON M  
STREET ADDRESS 17757 U.S. HWY 19 N., STE 470 350  
CITY-ST-ZIP CLEARWATER FL 33764TITLE D ☐ Change ☒ Addition  
NAME Mark Schoder  
STREET ADDRESS 62 Indian Trace, Suite 180  
CITY-ST-ZIP Weston, FL 33326TITLE D ☒ Delete  
NAME TILLOTSON, DAN  
STREET ADDRESS 1653 SAND KEY ESTATES CT.  
CITY-ST-ZIP CLEARWATER FL 33767 +TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☐ Delete  
NAME GRADY, CHRISTOPHER M  
STREET ADDRESS 17757 U.S. HWY 19 N., STE 470 350  
CITY-ST-ZIP CLEARWATER FL 33764TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME SHERWIN, DAVID A  
STREET ADDRESS 17757 U.S. HWY 19 N., STE 470 350  
CITY-ST-ZIP CLEARWATER FL 33764TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Delete  
NAME KAPLAN, ZEV E  
STREET ADDRESS 8248 PASEO VISTA DR.  
CITY-ST-ZIP LAS VEGAS NV 89128TITLE D ☒ Change ☐ Addition  
NAME KAPLAN, ZEV E.  
STREET ADDRESS 501 So. Rancho Dr., Ste. 2-58  
CITY-ST-ZIP Las Vegas, NV 89106

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:

*David A. Sherwin, as Treasurer* DAVID A. SHERWIN

4/27/00

(727) 536-9956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #