

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79281

1. Entity Name
OHS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90406 024 ***150.00

Principal Place of Business
5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126

Mailing Address
100 MANSELL COURT EAST
STE.400
ROSWELL GA 30076

00055077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0274594

Applied For
Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DPC
STREET ADDRESS SHAPIRO, STANLEY 1
CITY-ST-ZIP 5775 BLUE LAGOON DR., STE. 400
MIAMI FL 33126 ☒ Delete

TITLE
NAME C O
STREET ADDRESS Klock, David R.
CITY-ST-ZIP 100 Mansell Court East, Suite 400
Roswell, GA 30076 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS BREIER, ROBERT G
CITY-ST-ZIP 2800 PONCE DE LEON BLVD STE 1125
CORAL GABLES FL 33134 ☒ Delete

TITLE
NAME D P
STREET ADDRESS Klock, Phyllis A.
CITY-ST-ZIP 100 Mansell Court East, Suite 400
Roswell, GA 30076 ☐ Change ☒ Addition

TITLE
NAME VCD
STREET ADDRESS LEVINE, HOWARD
CITY-ST-ZIP 5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126 ☒ Delete

TITLE
NAME O.S.
STREET ADDRESS Mitchell, Bruce A.
CITY-ST-ZIP 100 Mansell Court East, Suite 400
Roswell, GA 30076 ☐ Change ☒ Addition

TITLE
NAME S
STREET ADDRESS BERMAN, MARLA I.
CITY-ST-ZIP 5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126 ☒ Delete

TITLE
NAME DT
STREET ADDRESS Yaden, Keith J.
CITY-ST-ZIP 100 Mansell Court East, Suite 400
Roswell, GA 30076 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS GORMAN, MICHAEL A.
CITY-ST-ZIP 50 KENNEDY PLAZA
PROVIDENCE FL 02902 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS HILINSKI, SCOTT F.
CITY-ST-ZIP 50 KENNEDY PLAZA
PROVIDENCE RI 02902 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Bruce Mitchell

3/20/01

770 998 8936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)