

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90287 041 \*\*\*158.75

DOCUMENT # **L91349**

1. Entity Name  
**OLYTON HEALTH SERVICES, INC.**

Principal Place of Business 4975 E 4TH AVE HIALEAH FL 33013 US	Mailing Address 4975 E 4TH AVE HIALEAH FL 33013-1508 US
---	--

00004110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4955 E. 4th WE</b>	3. Mailing Address <b>4955 E. 4th WE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HIALEAH, FL 33013</b>	City & State <b>HIALEAH, FL</b>	4. FEI Number <b>65-0209088</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33013</b>	Country <b>USA</b>	Zip <b>33013</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent  
**RAVENTOS, ANTONIO**  
**4975 E 4TH AVE**  
**HIALEAH FL 33013**

7. Name and Address of New Registered Agent  
 Name **ANTONIO RAVENTOS**  
 Street Address (P.O. Box Number is not acceptable) **4955 E. 4th WE**  
 City **HIALEAH** FL Zip Code **33013**

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT RAVENTOS, ANTONIO</b> <b>6005 WILLOW LANE</b> <b>MIAMI LAKES FL 33014</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DELGADO, ARELIS</b> <b>582 E. 15ST.</b> <b>HIALEAH FL 33013</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.T. ANTONIO RAVENTOS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17555 COLLINS AVE #802</b> <b>MIAMI BEACH FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** **REQUIRED** Date **1-10-00** (305) 681 8933 Daytime Phone #

CR2E034 (9/99)