

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N19073 (8)

1. Corporation Name

OPTIPLAN, INC.



Principal Place of Business

Mailing Address

2424 N FEDERAL HIGHWAY  
SUITE 362  
BOCA RATON FL 33431  
US2424 N FEDERAL HIGHWAY  
SUITE 362  
BOCA RATON FL 33431-7749  
US3. Date Incorporated or Qualified  
02/03/19873a. Date of Last Report  
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25 29 30

4. FEI Number

65-0002042

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DILLON, KATHRYN  
2424 N FEDERAL HIGHWAY  
SUITE 362  
BOCA RATON FL 33431

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD ☒ DELETE  
NAME KAPLAN, JAN  
STREET ADDRESS 6500 NW 15TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☒ DELETE  
NAME GINSBERG, BARRY  
STREET ADDRESS 6500 NW 15TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FLTITLE D ☒ DELETE  
NAME KIRSCHSBAUM, BERNARD  
STREET ADDRESS 6500 NW 15TH AVE.  
CITY-ST-ZIP FT. LAUD FLTITLE D ☐ DELETE  
NAME KOEPNIK, LANCE  
STREET ADDRESS 6500 NW 15TH AVE  
CITY-ST-ZIP FT. LAUD FLTITLE D ☒ DELETE  
NAME GLICK, MARC  
STREET ADDRESS 6500 NW 15TH AVE.  
CITY-ST-ZIP FT. LAUD FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME James P. Cook, MD  
1.3 STREET ADDRESS 2424 N. Federal Hwy Ste 362  
1.4 CITY-ST-ZIP Boca Raton FL 33431-77492.1 TITLE D P ☐ Change ☒ Addition  
2.2 NAME Peter J. Molinaro, Jr.  
2.3 STREET ADDRESS 2424 N. Federal Hwy Ste 362  
2.4 CITY-ST-ZIP Boca Raton FL 33431-77493.1 TITLE D S T ☐ Change ☒ Addition  
3.2 NAME J. Richard Dawson, Jr.  
3.3 STREET ADDRESS 2424 N. Federal Hwy Ste 362  
3.4 CITY-ST-ZIP Boca Raton FL 33431-77494.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME David Brown  
4.3 STREET ADDRESS 2424 N. Federal Hwy Ste 362  
4.4 CITY-ST-ZIP Boca Raton FL 33431-77495.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4430-97

561-395-5402

Date

Daytime Phone # 0038566

CR2E037 (9/96)