

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001274

1. Entity Name

OSPREY HEALTH CARE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90085 005 ****61.25

Principal Place of Business

24 CATHEDRAL PLACE
 SUITE #302
 ST AUGUSTINE FL 32084
 US

Mailing Address

24 CATHEDRAL PLACE
 SUITE #302
 ST AUGUSTINE FL 32084-4465
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3308190**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEELE, GREGORY R
 24 CATHEDRAL PL
 STE 302
 ST AUGUSTINE FL 32084

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC ALLEN, TERRY 1041 45TH STREET WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STARK, DOUG 4300 SW 13TH STREET GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS BROWN, MARSHA 12512 NORTH BRUCE B DOWNS BOULEVARD TAMPA FL 33612-3807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DREGGORS, WAYNE 404 SOUTH RIDGEWOOD DAYTONA BEACH FL 32114	<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"/> 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	D JACK MINGE 5776 ST. AUGUSTINE ROAD JACKSONVILLE, FL. 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUANE ZIMMERMAN 434 W. KENNEDY BLVD. ORLANDO, FL. 32810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIG REQUIRED Wayne Dreggors Date: 1/18/00 Daytime Phone #: 9049474270

CR2E037 (9/99)