

### 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03/01/01 90040 014 \$61.25

DOCUMENT # **N95000001274**

1. Entity Name  
**OSPREY HEALTH CARE, INC.**

Principal Place of Business      Mailing Address

**24 CATHEDRAL PLACE  
SUITE #302  
ST AUGUSTINE FL 32084  
US**

**24 CATHEDRAL PLACE  
SUITE #302  
ST AUGUSTINE FL 32084  
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      Applied For

**50-9308180**       **NOI APPLICABLE**

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, name or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

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

TITLE	<b>DVC</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, TERRY</b>	
STREET ADDRESS	<b>1041 45TH STREET</b>	
CITY - ST - ZIP	<b>WEST PALM BEACH FL 33407</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MINGE, JACK</b>	
STREET ADDRESS	<b>5778 ST. AUGUSTINE RD</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ZIMMERMAN, DUANE</b>	
STREET ADDRESS	<b>434 W. KENNEDY BLVD</b>	
CITY - ST - ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DREGGORS, WAYNE</b>	
STREET ADDRESS	<b>404 SOUTH RIDGEWOOD</b>	
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	<b>LINDA De Rango (D)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1041 45th St</b>	
STREET ADDRESS	<b>W.P. B. FL. 33407</b>	
CITY - ST - ZIP		
TITLE	<b>(D) HOWARD Weener</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>1615 S. Military Trail</b>	
STREET ADDRESS	<b>Delray Bch FL 33483</b>	
CITY - ST - ZIP		
TITLE	<b>C/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOE SPEICHER</b>	
STREET ADDRESS	<b>1615 S. Military Trail</b>	
CITY - ST - ZIP	<b>Delray Beach, FL 33484</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CR2007 (10/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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 files empowered.

SIGNATURE: *Joseph S. Speicher*      3/27/01      561-637-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Office Phone #