

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-17-2002 90013 041 ****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

CLAMP

24 CATHEDRAL PLACE
 SUITE #302
 ST AUGUSTINE FL 32084
 US

96329



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6266 S. Congress Ave.
 Suite, Apt. #, etc.
 # L5

6266 S. Congress Ave.
 Suite, Apt. #, etc.
 # L5

City & State
 LANTANA, FL

City & State
 LANTANA, FL

4. FEI Number
 59-3308190

Applied For
 Not Applicable

Zip
 33462

Country
 Palm Beach

Zip
 33462

Country
 Palm Beach

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

LEE, B.J. JAY
 6266 SOUTH CONGRESS AVE #L5
 LANTANA FL 33462

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

B.J. Jay Lee, CEO

B.J. Jay Lee

DATE

4-26-02

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: DVC
 NAME: ALLEN, TERRY
 STREET ADDRESS: 1041 45TH STREET
 CITY-ST-ZIP: WEST PALM BEACH FL 33407

TITLE: Delete
 NAME: Patricia A. Priola
 STREET ADDRESS: 1041 45TH St.
 CITY-ST-ZIP: WEST PALM BEACH, FL 33462

TITLE: D
 NAME: DERANO, LINDA
 STREET ADDRESS: 1041 45TH STREET
 CITY-ST-ZIP: WEST PALM BEACH FL 33407

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: D
 NAME: WARNER, HOWARD
 STREET ADDRESS: 16158 S. MILITARY TRAIL
 CITY-ST-ZIP: DELRAY BEACH FL 33483

TITLE: Delete
 NAME: Bill Wynott
 STREET ADDRESS: 16158 S. MILITARY TRAIL
 CITY-ST-ZIP: DELRAY BEACH, FL 33483

TITLE: CD
 NAME: SPEICHER, JOE
 STREET ADDRESS: 16155 S. MILITARY TRAIL
 CITY-ST-ZIP: DELRAY BEACH FL 33483

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
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 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-02
 561-383-8000

CR20037 (9/01)