


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

05-22-2003 90143 042 \*\*\*\*70.00

**DOCUMENT # N95000001274**

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



Principal Place of Business  
**6266 S CONGRESS AVE. #L5  
LAKE WORTH FL 33462  
US**

Mailing Address  
**6266 S CONGRESS AVE. #L5  
LAKE WORTH FL 33462  
US**

2. Principal Place of Business  
**300 27th Street**

3. Mailing Address  
**300 27th Street**

Suite, Apt. #, etc.

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33407**

Country  
**Palm Beach**

Zip  
**33407**

Country  
**Palm Beach**

4. FEI Number **59-3308190**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**Patricia A. Priola**


Street Address (P.O. Box Number is Not Acceptable)  
**300 27th Street**

City  
**West Palm Beach**

FL

Zip Code  
**33407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **5/19/03**

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

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DERANO, LINDA</b> <b>1041 45TH STREET</b> <b>WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SPEICHER, JOE</b> <b>16155 S. MILITARY TRAIL</b> <b>DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRIOLA, PATRICIA A</b> <b>1041 45TH ST.</b> <b>WEST PALM BEACH FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WYNOTT, BILL</b> <b>16158 S MILITARY TRAIL</b> <b>DELRAY BEACH FL 33483</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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>DE PIANO, LINDA</b>	<input checked="" 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

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:  DATE **5/19/03** **(561) 383-5711**

CR2E037 (10/02)