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FILED

Mar 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Myrham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002444 (5)

1. Corporation Name

OPTIMACARE, INC.



Principal Place of Business

Mailing Address

4740 NORTH S.R. 7  
SUITE 201  
FT. LAUDERDALE FL 333194740 NORTH S.R. 7  
SUITE 201  
FT. LAUDERDALE FL 33319-58603. Date Incorporated or Qualified  
05/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2701 W Oakland Park Blvd

26 18441 N W 2 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 400

27 Ste 218

City &amp; State

City &amp; State

23 Ft Lauderdale, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33311

25 Broward

29 33169

30 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, HAROLD E. ESQ.  
7162 NOB HILL ROAD  
FT. LAUDERDALE FL 33321

81 Name David R. Freedman

82 Street Address (P.O. Box Number is Not Acceptable)  
18441 N W 2 Avenue, #218

83

84 City Miami, FL 85 Zip Code 33169

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

S. picture, 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 D Vice President ☐ DELETE  
NAME BESNER, HILDA  
STREET ADDRESS 1144 S.E. 3RD AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 333161.1 TITLE Secretary ☐ Change ☒ Addition  
1.2 NAME RONIK, STEVE  
1.3 STREET ADDRESS 4740 State Rd. 7  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33319TITLE D Treasurer ☐ DELETE  
NAME FREEDMAN, DAVID  
STREET ADDRESS 18441 N.W. 2ND AVE. SUITE 21B  
CITY-ST-ZIP MIAMI FL 331692.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME WEINSTEIN, BARBARA  
2.3 STREET ADDRESS 840 S W 81 AVENUE  
2.4 CITY-ST-ZIP NORTH LAUDERDALE, FL 33068TITLE D ☒ DELETE  
NAME IVERSON, TIMOTHY  
STREET ADDRESS 819 N.E. 26TH ST.  
CITY-ST-ZIP WILTON MANORS FL 333053.1 TITLE D President ☐ Change ☒ Addition  
3.2 NAME WALLIN, BRUCE  
3.3 STREET ADDRESS 3830 S W 2 COURT  
3.4 CITY-ST-ZIP Ft. LAUDERDALE, FL 33305TITLE D ☐ DELETE  
NAME COHEN, JANET  
STREET ADDRESS 730 N.E. 4TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 333044.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME MYRICK, BARBARA  
4.3 STREET ADDRESS 1038 N E 4 AVENUE  
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33304TITLE D ☐ DELETE  
NAME LEVY, LAURA  
STREET ADDRESS 333 S.W. 28TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 333155.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME MUNIZ, DENISE  
STREET ADDRESS 3661 W. OAKLAND PARK BLVD. #200  
CITY-ST-ZIP LAUDERDALE LAKES FL 333116.1 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

Date

Daytime Phone # 0035027

CR2E037 (9/96)