

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002444 (5)**

1. Corporation Name

**OPTIMACARE, INC.**



Principal Place of Business <b>2701 W OAKLAND PARK BLVD SUITE 400 FT. LAUDERDALE FL 33311 US</b>	Mailing Address <b>18441 NW 2 AVENUE SUITE 218 MIAMI FL 33169 US</b>
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2. Principal Place of Business <b>21 2800 W. Oakland Park Blvd</b>	2a. Mailing Address <b>26 18441 NW 2 AVENUE</b>
Suite, Apt. #, etc. <b>22 Suite 100</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Ft. Lauderdale, FL</b>	City & State <b>28</b>
Zip <b>24 33311</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

3. Date Incorporated or Qualified <b>05/07/1996</b>
4. FEI Number <b>65-0567360</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FREEDMAN, DAVID R. 18441 NW 2 AVENUE #218 MIAMI FL 33169</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESNER, HILDA	1.2 NAME	
STREET ADDRESS	1144 S.E. 3RD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, DAVID	2.2 NAME	
STREET ADDRESS	18441 N.W. 2ND AVE. SUITE 218	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLIN, BRUCE	3.2 NAME	
STREET ADDRESS	3830 SW 2 COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, JANET	4.2 NAME	
STREET ADDRESS	730 N.E. 4TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LAURA	5.2 NAME	
STREET ADDRESS	333 S.W. 28TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNIZ, DENISE	6.2 NAME	
STREET ADDRESS	3661 W. OAKLAND PARK BLVD. #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	6.4 CITY-ST-ZIP	

14. 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 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: *R. Freedman* (David Freedman) 4/30/98 (305) 653-8288

CR2E037 (10/97)