

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90414 043 ****61.25

DOCUMENT # N96000002444

1. Entity Name

OPTIMACARE, INC.

Principal Place of Business

2800 W OAKLAND PARK BLVD.
STE 100
FT LAUDERDALE FL 33311
US

Mailing Address

5818 SW 117TH AVE
COOPER CITY FL 33330
US

961908



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

920 NW 7th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number

65-0705917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, DAVID R
5818 SW 117TH AVE
COOPER CITY FL 33330

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

David Freeman Director

4/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE DP
NAME WALLIN, BRUCE
STREET ADDRESS 3830 SW COURT
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE DVP
NAME BESNER, HILDA
STREET ADDRESS 1144 SE 3RD AVE
CITY-ST-ZIP FT. LAUD. FL

TITLE DS
NAME RONIK, STEVE
STREET ADDRESS 4740 N. STE 7 STE 310
CITY-ST-ZIP FT. LAUD FL

TITLE DT
NAME TOMCZYK, THOMAS
STREET ADDRESS 819 NE 26TH ST
CITY-ST-ZIP FT. LAUD

TITLE D
NAME FREEDMAN, DAVID
STREET ADDRESS 920 NW 7TH AVE
CITY-ST-ZIP FT. LAUD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E037 (10/00)