

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028272

1. Entity Name
OPTICARE HEALTH SERVICES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90082 032 ***150.00

Principal Place of Business
2300 PALM BEACH LAKES BLVD STE 312
WEST PALM BEACH FL 33409

Mailing Address
2300 PALM BEACH LAKES BLVD STE 312
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 Palm Beach Lakes Blvd Suite, Apt. #, etc. 312 City & State West Palm Beach, FL Zip 33409 Country Palm Beach		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0997974 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent FAIRCLOUGH, MICHAEL J 11380 PROSPERITY FARMS ROAD STE 112 PALM BEACH GARDENS FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SANDRA 2300 PALM BEACH LAKES BLVD STE 312 WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stacy-Ann Simone Smith 13131 52nd CT. N, RPB FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD mickesha Olana Smith 13131 52nd CT. N, RPB FL 33411 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra Elaine Smith 1/18/01 (561) 657-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)