

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006294 AT

FILED

03 JUN -4 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000133100

1. Entity Name
OLYMPUS HEALTHCARE, INC.



Principal Place of Business
9999 NE SECOND AVENUE
SUITE 118
MIAMI SHORES FL 33138
US

Mailing Address
7145 SW 103 CT. CIRCLE
MIAMI FL 33173
US



2. Principal Place of Business
9999 NE 2nd Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 118

Suite, Apt. #, etc.

City & State
North Miami, FL

City & State

Zip
33138

Country
USA

Zip

Country

4. FEI Number
75-3116977

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FLORIDA DIALYSIS INSTITUTE, INC.
9999 NE SECOND AVENUE
SUITE 119
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent

Name Julie Zevallos
Street Address (P.O. Box Number is Not Acceptable)
9999 NE 2nd Avenue
Suite 118
City Miami Shores FL Zip Code 33138

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  ARNP/COO. 5/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, ENA I 9999 NE SECOND AVENUE, SUITE 118 MIAMI SHORES FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLAVELO, ROMULO 1325 SW FIRST ST. MIAMI FL 33135	<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
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 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	500020682575 06/09/03--01065--002 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Alfredo Sanchez-Fortis 9999 NE 2nd Avenue Miami Shores, FL 33138	<input type="checkbox"/> Change <input checked="" 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 607, 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:  ALFREDO SANCHEZ-FORTIS 5/15/03 786-621-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)