

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 018 ***150.00

DOCUMENT # P94000054840

1. Entity Name
OPTIMUM CARE SERVICES, INC.

*NIC
 FLD
 11/3/01
 [Signature]*

Principal Place of Business: 4300 Alton Road, Warner Bldg. 1st Floor, Miami Beach, FL 33140
 Mailing Address: 6600 West Broad Street, Richmond, VA 23230-1702

2. Principal Place of Business: P.O. Box 461029
 3. Mailing Address: P.O. Box 461029
 Suite, Apt. #, etc.

00054184

DO NOT WRITE IN THIS SPACE

City & State: Fort Lauderdale, FL
 4. FEI Number: 65-0510402
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. Pine Island Road, Plantation, FL 33324
 7. Name and Address of New Registered Agent: COPROLITE CORPORATION, One Southeast Third Avenue, Suite 2130, Miami, FL 33131

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: *[Signature]* Stephen A. Bloss, V.P. DATE: 4/25/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: Edelman, Sol	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: PAT MCALLISTER
STREET ADDRESS: 10275 Collins	CITY-ST-ZIP: South Bal Harbor FL 33142	STREET ADDRESS: 2550 Eisenhower Boulevard	CITY-ST-ZIP: Fort Lauderdale, FL 33316
TITLE: P <input checked="" type="checkbox"/> Delete	NAME: Edelman, Sol	TITLE: P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: PAT MCALLISTER
STREET ADDRESS: 10275 Collins	CITY-ST-ZIP: South Bal Harbor FL 33142	STREET ADDRESS: 2550 Eisenhower Boulevard	CITY-ST-ZIP: Fort Lauderdale, FL 33316
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MELINDA CAHILL
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS: 2550 Eisenhower Boulevard	CITY-ST-ZIP: Fort Lauderdale, FL 33316
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

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: *Patricia McAllister* PATRICIA MCALLISTER 4/26/01 954-761-3777

CR2E034 (11/00)