

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000089019 (1)

1. Corporation Name

OPTIMACARE, INC.

Principal Place of Business

4740 N. S.R. 7
SUITE 201
FT LAUDERDALE FL 33319

Mailing Address

4740 N. S.R. 7
SUITE 201
FT LAUDERDALE FL 33319

2. Principal Place of Business

2a. Mailing Address

21 2701 W. Oakland Park Blvd.

26 18441 N.W. 2nd Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 218

City & State

City & State

23 Ft. Lauderdale, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33311

25 U.S.A.

29 33169

30 U.S.A.

9. Name and Address of Current Registered Agent

KAPLAN, HAROLD E
3111 STIRLING RD
FT LAUDERDALE FL 33312

3. Date Incorporated or Qualified

12/08/1994

3a. Date of Last Report

10/16/1995

4. FEI Number

65-0567360

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☒

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

David Freedman

82 Street Address (P.O. Box Number is Not Acceptable)

18441 N.W. 2nd Avenue

83 Suite

Suite 218

84 City

Miami

FL

85 Zip Code

33169

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

02/23/96

Signature of Registered Agent (if different from above)

Signature of Registered Agent (if different from above)

Date

OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRES
WALLIN, BRUCE
4740 N. SR. 7, SUITE 201
FT LAUDERDALE FL 33319

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP
BESNER, HILDA F
4740 N. SR. 7, SUITE 201
FT LAUDERDALE FL 33319

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SEC
MILEY, JEANNE
4740 N. SR. 7, SUITE 201
FT LAUDERDALE FL 33319

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TRE
FREEDMAN, DAVID
4740 N. SR. 7, SUITE 201
FT LAUDERDALE FL 33319

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Freedman

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

3830 S.W. 2 Court
Ft. Lauderdale, FL 33305

☒ Change ☐ Addition

1144 S.E. 3rd Ave.
Ft. Lauderdale, FL 33316

☐ Change ☒ Addition

SEC
John Szivos
4740 N. State Road 7, Suite 210
Ft. Lauderdale, FL 33319

☒ Change ☐ Addition

18441 N.W. 2nd Avenue-Suite 218
Miami, FL 33169

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

02/23/96

(305) 653-8288

CR2E034 (12/95)