

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90414 046 ***150.00

DOCUMENT # P94000089019

1. Entity Name
OPTIMACARE MANAGEMENT COMPANY, INC.

Principal Place of Business

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

Mailing Address

5818 S.W. 117TH AVENUE
COOPER CITY FL 33330
US

2. Principal Place of Business

920 NW, 7th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33311

Country

Zip

Country

4. FEI Number 65-0567360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVID FREEDMAN
5818 S.W. 117TH AVENUE
E
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 Freedman, Director/Treasurer

04/20/01

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

(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) ☒

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
WALLIN, BRUCE
3830 S.W. 2 COURT
FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BESNER, HILDA F
1144 S.E. 3RD AVE
FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
RONIK, STEVE
4740 N STR 7, STE 210
FT LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRE
FREEDMAN, DAVID
18441 N.W. 2ND AVENUE SUITE 218
MIAMI FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

David Freedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/01 (954) 779-1696

DATE

Daytime Phone #

CR2E034 (10/00)