

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90068 026 ***150.00

DOCUMENT # P95000077835

1. Corporation Name

OPTIMUN HEALTH CHOICES, INC.



Principal Place of Business

787 TAMiami TRAIL
PT CHARLOTTE FL 33953

Mailing Address

787 TAMiami TRAIL
PT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1995

4. FEI Number

65-0609849

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 675 TAMiami TR

Suite, Apt. #, etc.

22 Suite 4

City & State

23 PT Charlotte

Zip

24 FL 33953

Country

25 US

2a. Mailing Address

26 675 TAMiami TR

Suite, Apt. #, etc.

27 Suite 4

City & State

28 PT Charlotte FL

Zip

29 33953

Country

30 US

9. Name and Address of Current Registered Agent

COLANTUONO, WILLIAM
787 TAMiami TRAIL
PT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

81 Name

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

675 TAMiami TR

83

Suite 4

84 City

PT Charlotte

FL

85 Zip Code

33953

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
COLANTUONO, WILLIAM
787 TAMiami TRAIL
PT CHARLOTTE FL 33953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
COLANTUONO, JOANNE M
787 TAMiami TRAIL
PT CHARLOTTE FL 33953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

675 TAMiami TR SU 4
PT Charlotte FL 33953

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

675 TAMiami TR SU 4
PT Charlotte FL 33953

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

WILLIAM COLANTUONO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-99

Daytime Phone #

941-625-2080

CR2E034 (11/98)

0451906