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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049905 (7)

1. Corporation Name

~~COMPLETE WELLNESS INDEPENDENT PHYSICIAN ASSOCIAT-~~  
~~ION OF FLORIDA, INC.~~  
OPTIMUM HEALTH SERVICES OF FLORIDA, INC.

Principal Place of Business

507 SOUTH PAULA DRIVE  
DUNEDIN FL 34698

Mailing Address

507 SOUTH PAULA DRIVE  
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

4. FEI Number

59-3453085

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 17757 U.S. HWY 19 N.

26 17757 U.S. HWY 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 350

27 SUITE 350

City & State

City & State

23 CLEARWATER FL

28 CLEARWATER FL

Zip

Zip

Country

Country

24 33764

25 U.S.A.

29 33764

30 U.S.A.

9. Name and Address of Current Registered Agent

PATCHEN, JASON  
507 SOUTH PAULA DRIVE  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

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

17757 U.S. HWY 19 N., SUITE 350

83

84 City

CLEARWATER

FL

85 Zip Code

33764

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

DAVID A. SHERWIN

4-29-98

(813) 536-9956

CR2E034 (10/97)