

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
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90031 032 ***150.00

DOCUMENT # P97000049905

1. Corporation Name

OPTIMUM HEALTH SERVICES OF FLORIDA, INC.

Principal Place of Business

17757 US HWY 19 N
SUITE 350
CLEARWATER FL 33764
US

Mailing Address

17757 US HWY 19 N
SUITE 350
CLEARWATER FL 33764
US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATCHEN, JASON
17757 US HWY 19 N
SUITE 350
CLEARWATER FL 33764

81 Name

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

SUITE 470

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME PATCHEN, JASON
STREET ADDRESS 17757 US HWY 19 N, SUITE 350
CITY-ST-ZIP CLEARWATER FL 33764

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS SUITE 470
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME MILLER, CHRISTIAN E.
STREET ADDRESS 17757 US HWY 19 N, SUITE 350
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE T ☐ DELETE
NAME SHERWIN, DAVID A.
STREET ADDRESS 17757 US HWY 19 N, SUITE 350
CITY-ST-ZIP CLEARWATER FL 33764

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS SUITE 470
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME GRADY, CHRISTOPHER M.
STREET ADDRESS 17757 US HWY 19 N, SUITE 350
CITY-ST-ZIP CLEARWATER FL 33764

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS SUITE 470
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS 250 E. KAPLAN
5.4 CITY-ST-ZIP 8248 Paseo Vista Dr.
Las Vegas, NV 89128

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME C
6.3 STREET ADDRESS C. Thomas McMillen
6.4 CITY-ST-ZIP 666 11th St. N.W., SUITE 200
WASHINGTON, D.C. 20001

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:

Christopher M. Grady

4/30/99

727-536-9956

CR2E034 (11/98)

PROFIT CORPORATION 1999 ANNUAL REPORT

OFFICER / DIRECTOR ATTACHMENT

544864-90031-32
P97000049905

RE: DOCUMENT #P97000049905

OPTIMUM HEALTH SERVICES OF FLORIDA, INC.

BOX 13. Additions to Officers/Directors

D
Dan Tillotson
1635 Sand Key Estates Ct.
Clearwater, Fl 33767