

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049905

1. Entity Name

OPTIMUM HEALTH SERVICES OF FLORIDA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90178 044 ***150.00

Principal Place of Business 17757 US HWY 19 N SUITE 470 CLEARWATER FL 33764 US	Mailing Address 17757 US HWY 19 N SUITE 470 CLEARWATER FL 33764-6598 US
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2. Principal Place of Business Suite, Apt. #, etc. Suite 350	3. Mailing Address Suite, Apt. #, etc. Suite 350
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City & State	City & State
Zip	Country

4. FEI Number 59-3453085	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATCHEN, JASON
17757 US HWY 19 N
STE 470
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 350
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATCHEN, JASON 17757 U.S. HWY 19 N., STE 470 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLOSTSON, DAN 1635 SAND KEY ESTATES CT. CLEARWATER FL 33767 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERWIN, DAVID A. 17757 U.S. HWY 19 N., STE 470 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRADY, CHRISTOPHER M. 17757 U.S. HWY 19 N., STE 470 CLEARWATER FL 33764 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, ZEV E 8248 PASEO VISTA DR. LAS VEGAS NV 89128 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MEMILKA, C. THOMAS 666 11TH ST. N.W., STE 200 LAS VEGAS NV 20001 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Suite 350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Suite 350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Suite 350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C. Thomas McMillen

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 A. Sherwin, as Treasurer DAVID A. SHERWIN 4/27/00 (727) 536-9956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)