

ATTACHMENT F

REQUEST FOR PROPOSAL NO.: 07C-005B

Project: HEALTH SCREENING SERVICES AND DRUG & ALCOHOL TESTING

Corporation Name: COACH Comp America Tax FEIN Number: _____

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF Florida COUNTY OF Palm Beach

Before me, the undersigned authority, personally appeared, Dr. Simon Ashi, ("Corporate Representative") this 20 day of March, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity. (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
<u>Wellington Regional Medical Center</u>	<u>10101 Forest Hill Blvd Wellington FL 33414</u>	<u>100%</u>

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage

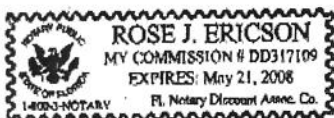
CORPORATE REPRESENTATIVE

By: [Signature] Dr. Simon Ashi
Director COACH Comp America

SWORN TO and subscribed before me this 20 day of March, 2007 by _____ Such person(s). (Notary Public must check applicable box).

Was personally known to me. produced a current driver license(s). produced _____ as identification.

(NOTARY PUBLIC SEAL)



[Signature]
Notary Public
Rose J. Ericson
(Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO.: 07C- 005B

Project: HEALTH SCREENING SERVICES AND DRUG & ALCOHOL TESTING

Corporation Name: MD Now Medical Centers Tax FEIN Number: _____

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF Florida COUNTY OF Palm Beach

Before me, the undersigned authority, personally appeared, Peter Lamelas MD ("Corporate Representative") this 13th day of February, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

<u>Peter Lamelas MD</u>	<u>65 Spoonbill Rd, Manalapan FL 33462</u>	<u>(100%)</u>
Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

<u>Peter Lamelas MD</u>	<u>65 Spoonbill Rd, Manalapan, FL 33462</u>	<u>(100%)</u>
Name	Address	Percentage
Name	Address	Percentage
Name	Address	Percentage

C. Stock held for others and for whom held:

<u>N/A</u>		
Name	Address	Percentage
For Whom Held	Address	Percentage
Name	Address	Percentage
For Whom Held	Address	Percentage

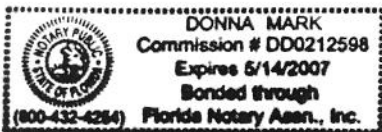
CORPORATE REPRESENTATIVE

By: *Peter Lamelas*

SWORN TO and subscribed before me this 13 day of February 2007, by Peter Lamelas. Such person(s). (Notary Public must check applicable box):

is/are personally known to me. [] produced a current driver license(s). [] produced _____ as identification.

(NOTARY PUBLIC SEAL)



Donna Mark
Notary Public

Donna Mark
(Print, Type or Stamp Name of Notary Public)

REQUEST FOR PROPOSAL NO.: 07C- 005B

Project: HEALTH SCREENING SERVICES AND DRUG & ALCOHOL TESTING

Corporation Name: NMS MANAGEMENT SERVICES Tax FEIN Numbe

BENEFICIAL INTEREST AND DISCLOSURE OF OWNERSHIP AFFIDAVIT

STATE OF FLORIDA COUNTY OF Palm Beach

Before me, the undersigned authority, personally appeared, Elaine Taulé, ("Corporate Representative") this 12th day of Feb, 2007, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children, firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

Name	Address	Percentage
For Whom Held	Address	Percentage
For Whom Held	Address	Percentage

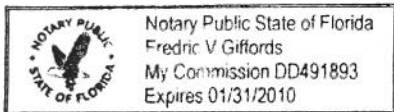
CORPORATE REPRESENTATIVE

By: Elaine Taulé

SWORN TO and subscribed before me this 12 day of FEB, 2007, by ELAINE TAULE. Such person(s). (Notary Public must check applicable box):

is/are personally known to me. [] produced a current driver license(s). [] produced _____ as identification

(NOTARY PUBLIC SEAL)



Fredric V Giffords
Notary Public

(Print, Type or Stamp Name of Notary Public)