

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000038044

Entity Name: OMNIA HEALTH, INC.

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

900 BAY DRIVE  
SUITE 202  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

900 BAY DRIVE  
SUITE 202  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 65-1095488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RODRIGUEZ, BONNIE  
900 BAY DRIVE  
SUITE 202  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RODRIGUEZ, BONNIE  
Address: 900 BAY DRIVE, #202  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE RODRIGUEZ

D

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date