2003 FOR PROFIT CORPORATION

FILED Apr 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000073390 DOCUMENT # 04-10-2003 90109 003 ***150.00 1. Entity Name O & M MEDICAL SERVICES, INC. Principal Place of Business Mailing Address 1701 W FLAGLER 1701 W FLAGLER STE 7C STE 7C **MIAMI FL 33135** MIAMI FL 33135 3. Mailing Address 2. Principal Place of Business 14505 Commerce WA 14505 Commerce Suite, Apt. #, etc Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 306 304 Applied For 4. FEI Number City & State City & State 65-1125616 Not Applicable Miami IMMIL Country Zip \$8.75 Additional 5. Certificate of Status Desired 33016 DADE Fee Required 30 K DADE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) PORLIER, OVELYN 1701 W. FLAGLER #7C Commerce WAY **MIAMI FL 33135** Zip Code Miami Cakes 3301G 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or print on name of registered agent ar FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) ☐ Addition Delete TITLE President TITLE POITIER, OVELYN NAME Ovelyn Poitier NAME 14505 commerce WAY Ste 306 1701 W. FLAGLER, STE 7C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33135** 33016 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #