

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000092194

Entity Name: OMNICOMM USA, INC.

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

2101 WEST COMMERCIAL BLVD. SUITE 4000  
FORT LAUDERDALE, FL 33309

## **New Principal Place of Business:**

## **Current Mailing Address:**

2101 WEST COMMERCIAL BLVD. SUITE 4000  
FORT LAUDERDALE, FL 33309

## **New Mailing Address:**

FEI Number: 11-3349762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LINARES, RONALD T  
2101 WEST COMMERCIAL BLVD. SUITE 4000  
FORT LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WIT, CORNELIS F  
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CTO  
Name: SMITH, RANDALL G  
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CFO  
Name: LINARES, RONALD T  
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: RONALD T. LINARES

CFO

02/22/2010

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

\_\_\_\_\_  
Date