Applied For

\$8.75 Additional

Fee Required

Not Applicable

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000016242

OMNI/CARE GROUP, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

19321 U.S. 19 NORTH

SUITE 402

CLEARWATER FL 34624

21

22

Mailing Address

19321 U.S. 19 NORTH

SUITE 402

26

27

CLEARWATER FL 34624

2a. Mailing Address

Suite, Apt. #, etc.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90171 016 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/17/1997

59-3446334

4. FEI Number

NAME FORD, STUART N. J 12 NAME 13 STREET ADDRESS 19321 US 19 N, SUITE 402 13 STREET ADDRESS 14 CITY-ST-ZIP	City & Stat	e	City & S	tate			6. Election Campaign Financing		May Be
28		Country							to Fees
SUITE 402 CLEARWATER FL 34624 82 Street Address (P.O. Box Number is Not Acceptable)	—, ·		├─ `	· —			1		□No
FORD, S. N. J. 1932; I. U.S. 19 NORTH SUITE 402 CLEARWATER FL 34624 14. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered significant familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Spriature, typed or primed pares of registered agent and title if applicable (nOTE: Registered Agent agent and title if agent a		9. Name and Address of Current I	Registered Age	ent			10. Name and Address of New Registered	Agent	
1921 U.S. 19 NORTH SUTE 402 20 20 20 20 20 20 20		· ·			81	Name			_
B321 US 19 NORTH SUTE 402 CLEARWATER FL 34624 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered different agent and still flaquicable. SIGNATURE Signature, typed or present name of requisional agent and still flaquicable. (NOTE: Registered Agent spiral agent	19321 U.S. 19 NORTH SUITE 402					92 Street Address (D.O. Boy Nurshoy in Not Assertable)			
CLEARWATER FL 34624 ### City						SHEELF	Address (P.O. Box Number is Not Acceptable)		
State Part Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Particle name of registered agent and title if applicable (NOTE: Registered Agent algorithm required vates reliability) DATE									
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of directors. I hereby accept the appointment as registered agent, or both and of the provision of the pr								_ -	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature					84	City	FI	85 Zip (Code
12.	office or re	egistered agent, or both, in the State of	Florida. Such c	hange was authoriz	ed by t	the corpo	corporation submits this statement for the purpose of tration's board of directors. I hereby accept the appo	changing its intment as re	registered gistered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE	SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable	(NOTE: Register	ed Agen	signature re	guired when reinstating)		
TITLE	12.							ND DIRECTO	RS IN 12
NAME FORD, STUART N. J 12 NAME 13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZP CLEARWATER FL 33764 14 CITY-ST-ZP CLEARWATER FL	TITLE	P		DELETE 1.1	TITLE				Addition
19321 US 19 N, SUITE 402 13 STREET ADDRESS 14 CITY-ST-ZIP	NAME	FORD, STUART N. J		1.2	NAME	1			
CITY-ST-ZIP	STREET ADDRESS			1.3	STREET	ADDRESS			
TITLE	CITY-ST-ZIP	· ·		1.4	CITY-ST	-ZIP			
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TITLE	STREET ADDRESS			2.3	STREET	ADDRESS			
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	NAME (•
■	STREET ADDRESS			6.3	STREET	ADDRESS			
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling chase not qualify for the examption stated in Section 110 07(3)(i) Florida Statutes I further certify that the information									

4. 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 informatio indicated on this annual report or supplemental annual 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

72)-143-3334 Daytime Phone # CR2E034 (11/98)