

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000016242

Entity Name: OMNI/CARE GROUP, INC.

FILED  
May 03, 2010  
Secretary of State

**Current Principal Place of Business:**

400 INDIAN ROCKS RD., STE D  
BELLEAIR BLUFFS, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

400 INDIAN ROCKS RD., STE D  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

FEI Number: 59-3446334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORD, STUART N JR  
1130 CLEVELAND ST.  
SUITE 270  
CLEARWATER, FL 33755 US

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

FORD, STUART N JR  
400 INDIAN ROCKS ROAD  
STE. D  
BELLEAIR BLUFFS, FL 33770 US

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: STUART N. FORD, JR.

05/03/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FORD, STUART N JR  
Address: 400 INDIAN ROCKS ROAD  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: STUART N FORD, JR.

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date