

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006439

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC1097767790**

**Entity Name:** OVACOME USA, INC.

**Current Principal Place of Business:**

2965 164TH AVENUE NORTH  
CLEARWATER, FL 33760

**Current Mailing Address:**

P.O. BOX 152893  
TAMPA, FL 33684-2893

**FEI Number:** 20-1349867

**Certificate of Status Desired:** No

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

SNYDER, KIMBERLY S  
2965 164TH AVENUE NORTH  
CLEARWATER, FL 33760 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SNYDER, KIMBERLY S  
Address 2965 164TH AVENUE NORTH  
City-State-Zip: CLEARWATER FL 33760

Title D  
Name MARTINEZ, CAROLE  
Address 16701 LONGLEAT DRIVE  
City-State-Zip: LUTZ FL 33549

Title D  
Name WALKER, KRIS  
Address 4110 MARRIETTA STREET  
City-State-Zip: TAMPA FL 33616

Title DV  
Name JOHNSTON, KATINA  
Address 11003 CARROLLWOOD DRIVE  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name NOVOSELSKI, DEE  
Address 4315 NORTHPARK DRIVE  
City-State-Zip: TAMPA FL 33624

Title TREASURER  
Name TALAVERA, MARIEM  
Address 14219 WELLESLEY DRIVE  
City-State-Zip: TAMPA FL 33624

Title DIRECTOR  
Name WALKER, KRISTY  
Address 3912 W WALLACE AVE  
City-State-Zip: TAMPA FL 33611

Title DIRECTOR  
Name TAYLOR, HUNTER  
Address 1810 E. PALM AVE. #4208  
City-State-Zip: TAMPA FL 33065

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY S. SNYDER

**PRESIDENT**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            JIMENEZ, CARLA  
Address        400 BEACH DR. NE  
                  #1201  
City-State-Zip: ST. PETERSBURG FL 33701

Title            PRESIDENT-ELECT  
Name            SMITH, KELLY J  
Address        2103 SHADY POINT LANE  
City-State-Zip: BRANDON FL 33510