

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006439

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	DS
Name	KRAFT, LINDA
Address	17 BRENTWOOD COURT
City-State-Zip:	FLEMINTON NJ 08822

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	DIRECTOR
Name	HURLEY, DAVID L.
Address	8515 PALM RIVER ROAD
City-State-Zip:	TAMPA FL 33619

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

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****01/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date