**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**May 01, 2014**
**Secretary of State**
**CC3033480295**

DOCUMENT# P09000064219

**Entity Name:** OMS OF NORTH WEST FLORIDA, INC

**Current Principal Place of Business:**

745 WHISPER WOODS DRIVE
LAKELAND, FL 33813

**Current Mailing Address:**

P.O. BOX 1097
SANTA ROSA BEACH, FL 32459

**FEI Number: 27-0643557**

**Certificate of Status Desired:** No

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

WIMBERLEY, RONALD A
745 WHISPER WOODS DRIVE
LAKELAND, FL 33813 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 | S | Title | S |
| Name | WIMBERLEY, RONALD A | Name | WIMBERLEY, JENNIFER L |
| Address | 745 WHISPER WOODS DRIVE | Address | 745 WHISPER WOODS DRIVE |
| City-State-Zip: | LAKELAND FL 33813 | City-State-Zip: | LAKELAND FL 33813 |

*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 A WIMBERLEY OFFICER 05/01/2014

Electronic Signature of Signing Officer/Director Detail — Date