

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000016242

**Entity Name:** OMNI/CARE GROUP, INC.

**Current Principal Place of Business:**

309 BELLEVIEW BLVD.  
BELLEAIR, FL 33756

**Current Mailing Address:**

309 BELLEVIEW BLVD.  
BELLEAIR, FL 33756 US

**FEI Number:** 59-3446334

**Certificate of Status Desired:** No

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

FORD, STUART NJR  
309 BELLEVIEW BLVD.  
BELLEAIR, FL 33756 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 P  
Name FORD, STUART NJR  
Address 309 BELLEVIEW BLVD.  
City-State-Zip: BELLEAIR FL 33756

*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.

**PRESIDENT**

**04/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date