

2017 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.

P

04/29/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date