

F08000004771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

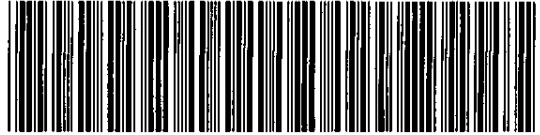
(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
08 NOV -4 PM 4:41

GF 11/4/08

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DIVISION OF CORPORATIONS

COVER LETTER

08 NOV -4 PM 4:41

TO: New Filing Section
Division of Corporations

SUBJECT: Omni Medical Management Systems, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mary Tome
(Name of Person)
Omni Medical Management Systems, Inc.
(Firm/Company)
PO BOX 580916
(Address)
Charleston WV 25358
(City/State and Zip code)

For further information concerning this matter, please call:

Christy Tome at (304) 756-4220
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy
- already sent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2008

MARY TOME
POST OFFICE BOX 58096
CHARLESTON, WV 25358

SUBJECT: OMNI MEDICAL MANAGEMENT SYSTEMS, INC.
Ref. Number: W08000046282

RECEIVED
08 NOV -4 AM 8:00
DIVISION OF CORPORATIONS

We have received your document for OMNI MEDICAL MANAGEMENT SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".
- ✓ The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.
- ✓ The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 208A00054766

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DIVISION OF CORPORATIONS
08 NOV -4 PM 4:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2008

MARY TOME
POST OFFICE BOX 58096
CHARLESTON, WV 25358

SUBJECT: OMNI MEDICAL MANAGEMENT SYSTEMS, INC.
Ref. Number: W08000046282

RECEIVED
08 OCT 22 AM 08 00
DIVISION OF CORPORATIONS

We have received your document for OMNI MEDICAL MANAGEMENT SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

- ✓ The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)
- ✓ The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 808A00052959

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DIVISION OF CORPORATIONS
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*I filed out wrong form: Please see
attached Application by foreign Corpor.
You have our certificate of
good standing*

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Omni Medical Management Systems, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. # 54-2018786

(FEI number, if applicable)

4. 01-17-2001

(Date of incorporation)

5. 2025

(Duration: Year corp. will cease to exist or "perpetual")

6. 9-19-08

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1 Natalie Drive Charleston WV 25309

(Principal office address)

PO Box 58096 Charleston WV 25358

(Current mailing address)

8. Billing Software Sales

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Dr., Ste 4

Weston

(City)

, Florida 33331

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

NRAI Services, Inc.

by: Lindsey Klemencia

(Registered agent's signature)

Lindsey Klemencia/Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

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DIVISION OF CORPORATIONS

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Mary Tome

Address: PO Box 58096

Charleston WV 25358

Vice President: _____

Address: _____

Secretary: Bill Tome

Address: PO Box 58096 Charleston WV 25358

Treasurer: Bill Tome

Address: PO Box 58096 Charleston WV 25358

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mary Tome

(Signature of Director or Officer listed in number 12 of the application)

14. Mary Tome - President

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNI MEDICAL MANAGEMENT SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF OCTOBER, A.D. 2008.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV -4 PM 4:42

3341624 8300

080998992

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6886636

DATE: 10-01-08