2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# F08000004771

Entity Name: OMNI MEDICAL MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

1 NATALIE DRIVE
CHARLESTON, WV 25309

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 58096
CHARLESTON, WV 25358

New Mailing Address:

FEI Number: 54-2018786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: TOME, MARY
Address: POST OFFICE BOX 58096
City-St-Zip: CHARLESTON, WV 25358

Title: ST
Name: TOME, BILL
Address: POST OFFICE BOX 58096
City-St-Zip: CHARLESTON, WV 25358

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: MARY TOME PRES 04/29/2011

Electronic Signature of Signing Officer or Director Date