

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001297

FILED
Jun 15, 2009
Secretary of State

Entity Name: OMNICOMM SYSTEMS, INC.

Current Principal Place of Business:

2101 WEST COMMERCIAL BLVD
SUITE 4000
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2101 WEST COMMERCIAL BLVD
SUITE 4000
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 11-3349762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LINARES, RONALD
2101 WEST COMMERCIAL BLVD.
SUITE 4000
FORT LAUDERDALE, FL 33309 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDS () Delete
Name: SMITH, RANDALL G
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: VAN KESTEREN, GUUS
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: WIT, CEES
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V () Delete
Name: LINARES, RONALD T
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LINARES, RONALD T
Address: 2101 WEST COMMERCIAL BLVD. SUITE 4000
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD T. LINARES

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06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date