

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0234729

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90063 033 ***150.00

DOCUMENT # **G91226**

1. Corporation Name
OMNI MEDICAL CENTERS, INC.

Principal Place of Business
**845 N.W. 119TH STREET
NORTH MIAMI FL 33168**

Mailing Address
**845 N.W. 119TH STREET
NORTH MIAMI FL 33168**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1984

4. FEI Number

59-2382795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **11900 W DIXIE HIGHWAY**

Suite, Apt. #, etc.

22

City & State

23 **MIAMI FL**

Zip

24 **33161**

Country

25 **USA**

2a. Mailing Address

26 **11900 W DIXIE HIGHWAY**

Suite, Apt. #, etc.

27

City & State

28 **MIAMI FL**

Zip

29 **33161**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**IRIBAR, MANUEL
845 N.W. 119TH STREET
NORTH MIAMI FL 33168**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11900 W DIXIE HIGHWAY

83

84 City **MIAMI**

FL

85 Zip Code **33161**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☒ DELETE
NAME **ROERO, DANIEL**
STREET ADDRESS **845 NW 119TH ST.**
CITY-ST-ZIP **N. MIAMI FL**

TITLE **PST** ☐ DELETE
NAME **IRIBAR, MANUEL**
STREET ADDRESS **845 NW 119TH ST.**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **11900 W. DIXIE HIGHWAY**
2.4 CITY-ST-ZIP **MIAMI, FL 33161**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Manuel Iribar**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (305)685-8899

Date

Daytime Phone #

CR2E034 (11/98)