

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91148

FILED
Jul 10, 2005
Secretary of State

Entity Name: OMNICARE HEALTH CENTER, INC.

Current Principal Place of Business:

9790 SW 107 CT
MIAMI, FL 33176

New Principal Place of Business:

1111 SW 8TH STREET
SUITE 205
MIAMI, FL 33130

Current Mailing Address:

PO BOX 143378
CORAL GABLES, FL 331143378

New Mailing Address:

1111 SW 8TH STREET
SUITE 205
MIAMI, FL 33130

FEI Number: 65-0220271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUILERA, ANTONIO
1111 SW 8 STREET
SUITE 205
MIAMI, FL 33135 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SKUPIN, ALVARO HERVIN
Address: 9790 SW 107 CT
City-St-Zip: MIAMI, FL 33176

Title: PD () Delete
Name: AGUILERA, ANTONIO
Address: 1111 SW 8TH STREET, SUITE 205
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AA

D

07/10/2005

Electronic Signature of Signing Officer or Director

Date