

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M82726** (4)

1. Corporation Name

OMEGA MEDICAL CLINIC OF KISSIMMEE INC.



Principal Place of Business

**955 TROPICANA COURT WEST
KISSIMMEE FL 34741**

Mailing Address

**955 TROPICANA COURT WEST
KISSIMMEE FL 34741**

3. Date Incorporated or Qualified
05/26/1988

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **1310 N. MAIN ST.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **107**

27

City & State

City & State

23 **KISSIMMEE, FL.**

28

Zip

Country

Zip

Country

24 **34744**

25

OSCEOLA

29

30

4. FEI Number

59-2894372

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HISEY, ELLEN L.
955 TROPICANA CT WEST
KISSIMMEE FL 34741**

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HISEY, ELLEN L.**
CITY-STATE-ZIP **955 TROPICANA CT W
KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **HISEY, DONALD L.**
CITY-STATE-ZIP **955 TROPICANA CT W
KISSIMMEE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **HISEY, ELLEN L.**
CITY-STATE-ZIP **955 TROPICANA CT W
KISSIMMEE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Ellen L. Hisey - ELLEN L. HISEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (407) 847-0727

DATE

Daytime Phone #

CR2E034 (12/95)