

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

8 DEC 31 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82722

1. Corporation Name
OMEGA MEDICAL CLINICS of Kissimmee JNC

Principal Place of Business

Mailing Address

1310 N. MAIN ST. - SUITE 107
Kissimmee, FL 34741

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
SAME AS ABOVE

3. New Mailing Office Address, If Applicable
SAME AS ABOVE

Suite, Apt. #, etc.

107

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1988

5. FEI Number

592 894 372

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	MARCIA MOYLAN	1704 PARADISE DR.	Kissimmee, FL 34741
V.P.	John Moylan	1704 PARADISE DR.	Kissimmee, FL 34741

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****158.75 ****158.75

8. Name and Address of Current Registered Agent

MARCIA MOYLAN

9. Name and Address of New Registered Agent

Name MARCIA MOYLAN

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

1310 N. MAIN ST.

Suite, Apt. #, Etc.

SUITE 107

City

Kissimmee

State

FL

Zip Code

34741

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

MARCIA MOYLAN

REGISTERED AGENT MUST SIGN

Date

12-19-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA MOYLAN

Date

12-19-98 1-401-847-0727

Daytime Phone #

CR2E040 (1/98)

OMEGA

MEDICAL CLINIC, INC.
"Florida's Number One Weight Control Clinic"
WEIGHT CONTROL & NUTRITIONAL WELLNESS

1310 North Main Street, Kissimmee, FL 34744
Marcia Moylan, LPN, Manager

(407) 847-0727

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Division of Corporations
Re-instatement Section
P.O. Box 6327
Tallahassee, FL 32314

12-30-98

To Whom It May Concern:

Please be advised that I purchased this Corporation from Ellen Hisey on 3-17-97. At that time, Mrs. Hisey was to inform all parties concerned of this changeover. I was not aware of this Annual Report or the Annual fee required. Evidently, she had given you her home address for all correspondence and she never informed you of the change. Consequently, your office mailed the Annual Report form to her home and therefore, I never received it or was aware of its necessity.

While applying for credit the creditor informed me of the fact the Corp. had been dissolved for lack of Annual Report.

I immediately contacted your office with the changes and they supplied me with the Attached form.

I pray you will not penalize me for my lack of knowledge regarding the filing of this Report, especially since the previous owner never told me of its necessity and did not inform you of the changes.

At your mercy, Marcia Moylan, LPN