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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M82726

1. Corporation Name

OMEGA MEDICAL CLINIC OF KISSIMMEE INC.

Principal Plac	ze of busiliess	ivia	alling Address				i				
1310 N. MAIN S	Ť.	1310	N. MAIN ST.								
Suite 107		SUITI	E 107								
KISSIMMEE FL 34741		KISSI	KISSIMMEE FL 34741			DO NOT WRITE IN THIS SPACE					
us		US					3. Date Incorpora	ated or Qualifed			
							05/26/1988				
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number	••		17	Applied For
21		26					59-2894372				Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.					-			Additional
22	. 11, 0.00	27					<ol><li>Certifcate of S</li></ol>	tatus Desired			Required
City & Stat			City & State								
	ie .	<del></del>	Oity is State				6. Election Camp				May Be
23		28					Trust Fund Co				d to Fees
Zip	Country	<u></u>	Zip		ountry		8. This corporation		ent year Int		~./.
24	25	29		30			Personal Prop			☐ Yes	Ľ <b>3</b> ľNo
	9. Name and Address	of Current Regist	tered Agent				10. Name and Ad	dress of New R	egistered	Agent	
					81	Name					
	Lan, Marcia				00	Ot4 A -	done (D.O. Bay North	u in Not Assents	hia\		
1310	N. MAIN ST.				82	Street Add	dress (P.O. Box Number	er is Not Accepta	Die)		1
SUITE					83						
	MMEE FL 34741										
RIOOI	MINICE I E OTITI				84	City				85 Zir	Code
						•			FL	<u> </u>	
11. Pursuant	to the provisions of Section	s 607.0502 and 60	07.1508, Florida Sta	atutes, the	above	-named cor	rporation submits this s	tatement for the	purpose of	changing i	ts registered
office or r		the State of Florid	la. Such change wa	as authoriz	ed by 1	tne corporat	ition's board of directors	s. I nereby accep	t the appoi	ntment as	registered
	registered agent, or both, in	the obligations of	Section 607 0505	Florida St	atutes						
	am familiar with, and accept	the obligations of,	Section 607.0505,	Florida St	atutes.						
SIGNATURE	am familiar with, and accept			Florida St			ired when reinstating)	·-	DATE		
SIGNATURE	am familiar with, and accept  Signature, typed or printed name of re	egistered agent and title if	f applicable (N	Florida St	red Ageni		ired when reinstating)	IANGES TO OFF		ID DIRECT	ORS IN 12
SIGNATURE	am familiar with, and accept  Signature, typed or printed name of re		f applicable. (N	Florida St	red Agent			IANGES TO OFF			
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SIGNATURE:

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 appladdress, with all other like empowered.

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90161 022 \*\*\*150.00