

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011646

FILED
Apr 30, 2009
Secretary of State

Entity Name: OMEGA INSTITUTE FOR MIND-BODY MEDICINE INC.

Current Principal Place of Business:

10104 LANDMARK DRIVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

10104 LANDMARK DRIVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 26-3261953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOMHARDT, ANNE CPA
10104 LANDMARK DRIVE
HUDSON, FL 34667 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

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BOMHARDT, ANNE CPA
Address: 10104 LANDMARK DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BROOKS, THOMAS
Address: 10104 LANDMARK DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: BOMHARDT, JOHN DR.
Address: 10104 LANDMARK DRIVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE BOMHARDT

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date