2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90077 033 ****61.25

DOCUMENT # N44488

1. Entity Name OMEGA of Palm Beach County, Inc.
THE HEALTH AND HUMAN SERVICES PLANNING ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
2600 QUANTUM BLVD BOYNTON BEACH FL 33426 US	2600 QUANTUM BLVD BOYNTON BEACH FL 33426 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
505 S. Flagler Dr.	505 S. Flagler Dr.
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401 / Country U.S	Zip 33401 / Country U.S

4. FEI Number 65-0291166 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEEHAN III, THOMAS A 6T25 N FLAGLER DR 9TH FLOOR W PALM BCH FL 33402	Name Jeannette M. Corbett Street Address (P.O. Box Number is Not Acceptable) 505 S. Flagler Drive Ste 220 City West Palm Beach FL Zip Code 33401

8. 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 X Jeannette Corbett — DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD ☑ Delete	TITLE	CD Jeannette M. Corbett ☐ Change ☑ Addition
NAME	SHEEHAN III, THOMAS A	NAME	
STREET ADDRESS	625 N FLAGLER DR 9TH FLOOR	STREET ADDRESS	505 S. Flagler Dr. (Ste 220)
CITY-ST-ZIP	W PALM BCH FL	CITY-ST-ZIP	West Palm Beach, Fl. 33401
TITLE	TD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BADESCH, SCOTT	NAME	
STREET ADDRESS	2600 QUANTUM BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	CITY-ST-ZIP	
TITLE	TS ☑ Delete	TITLE	SD ☐ Change ☑ Addition
NAME	MONTGOMERY, KEN	NAME	Bud Tamarkin
STREET ADDRESS	2051 MARTIN LUTHER KING JR BLVD.	STREET ADDRESS	826 Evernia Street
CITY-ST-ZIP	RIVIERA BEACH FL 33404	CITY-ST-ZIP	West Palm Beach, Fl. 33401
TITLE	D ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	BENNETT, CECIL W	NAME	Elivio Serrano
STREET ADDRESS	324 DATURA STREET # 401	STREET ADDRESS	700 S. Dixie Highway
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	West Palm Beach, Fl. 33401
TITLE	D ☑ Delete	TITLE	D ☐ Change ☑ Addition
NAME	MCGILL CORBETT, JEANNETTE	NAME	Jean M. Malecki
STREET ADDRESS	505 S FLAGLER DRIVE, SUITE 1460	STREET ADDRESS	826 Evernia Street
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	West Palm Beach, Fl. 33401
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	CREAMER, JEAN	NAME	
STREET ADDRESS	301 N OLIVE AVENUE, SUITE 1101	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	CITY-ST-ZIP	

CR2E037 (9/01)

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jeannette Corbett — Date 4/30/02 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR