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

SHEEHAN III, THOMAS A
6T25 N FLAGLER DR
9TH FLOOR
W PALM BCH FL 33402

7. Name and Address of New Registered Agent

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

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