2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am **DOCUMENT** # P 00000 10 23 4 9 Secretary of State Omni Home care - Orange, Inc. 05-22-2001 90635 040 \*\*\*150.00 Principal Place of Business Mailing Address 00056711 2. Principal Place of Business 3. Mailing Address 1239 E. New Port Center 33920 US Have Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ourte Svite 390 City & State City & State 4. FEI Number Applied For Deerfield Palm Harbor, 122 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David J. Menkhaus 4800 N. Rederal Hwy. Street Address (P.O. Box Number is Not Acceptable) Suite 200-A 73431 Buca Raton, FL City Zip Code 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, typed or printed name of registered agent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 After WAY: 1, 2001 Fee will be \$550.00 Wake Check Payable to Department of State This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D, rector Delete TITLE ☐ Addition Bena Nagpal 2378 N.W. Both Street NAME EET ADDRESS STREET ADDRESS 33496 -ST-ZIP Buca Raton, PC CITY-ST-ZIP ☐ Defete me Change Addition NAME ET ADDRESS STREET ADDRESS -SY-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME ET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Delete IIII F ☐ Changa ☐ Addition NAME T ADDRESS STREET ADDRESS 57-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition NAME F ADDRESS STREET ADDRESS T- ZIP CITY-ST-ZIP ☐ Delete MLE Change Addition NAME **ADDRESS** STREET ADDRESS 7-21P CITY-ST-ZIP 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 dicated 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 if 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 11 or Block 12 if hanged, or on an attachment with an address, with all other like empowered. NATURE: NTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED O Daytima Ffiction &