2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028226

FILED
Aug 29, 2011
Secretary of State

Entity Name: OMNI HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

16765 FISHHAWK BLVD
314
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

16765 FISHHAWK BLVD
314
LITHIA, FL 33547

New Mailing Address:

FEI Number: 59-3705411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOOPER, TIA L
6024 KESTRAL POINT AVENUE
LITHIA, FL 33547 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: D
Name: HOOPER, TIA L
Address: 6024 KESTRAL POINT AVENUE
City-St-Zip: LITHIA, FL 33547

Title: VP
Name: HOOPER, DESYREE B
Address: 16765 FISHHAWK BLVD 314
City-St-Zip: LITHIA, FL 33547

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIA HOOPER D 08/29/2011

Electronic Signature of Signing Officer or Director Date