

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2006 8:00 am
Secretary of State

06-30-2006 90002 010 ***150.00

DOCUMENT # P01000073390

1. Entity Name

O & M MEDICAL SERVICES, INC.



Principal Place of Business

**14100 PALMETTO FRONTAGE ROAD
SUITE 104
MIAMI LAKES, FL 33016**

Mailing Address

**14100 PALMETTO FRONTAGE ROAD
SUITE 104
MIAMI LAKES, FL 33016**

20000010



06272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1125616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POITIER, OVELYN
14100 PALMETTO FRONTAGE RD.
SUITE 104
MIAMI LAKES, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Ovelyn Poitier
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/27/4
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME POITIER, OVELYN
STREET ADDRESS 14100 PALMETTO FRONTAGE RD #104
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/4 (305) 527-5558
Date Daytime Phone #

ATTACHMENT

40097610
#P01088073390


O & M MEDICAL SERVICES, INC.
14100 PALMETTO FRONTAGE RD SUITE 104
MIAMI LAKES, FL 33016
(305)362-0130

June 27, 2006

To Whom It May Concern:

I Ovelyn Poitier president of O & M MEDICAL SERVICES, INC, to this date I have not received my annual corporation report via mail; therefore, I decided to call the division of corporation and I was told to write a letter stating that I have not received my annual report. Please feel welcome to look at my previous annual report payments. I have never been late. Enclosed I have downlowed a copy from the internet and enclosed is the annual report fee. If you have any questions please feel free to contact me at the following number (305)362-0130 or (305)527-5558. Once again thank you.

Sincerely,


Ovelyn Poitier