2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90109 003 ***150.00

DOCUMENT # P01000073390

1. Entity Name
O & M MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
1701 W FLAGLER STE 7C MIAMI FL 33135	1701 W FLAGLER STE 7C MIAMI FL 33135

2. Principal Place of Business		3. Mailing Address	
14505 Commerce WAY		14505 Commerce WAY	
Suite, Apt. #, etc.: 306		Suite, Apt. #, etc.: 306	
City & State: Miami Lakes, FL		City & State: Miami Lakes, FL	
Zip: 33016	Country: DADE	Zip: 33016	Country: DADE

☐ CHECK HERE IF MAKING CHANGES

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

PORLIER, OVELYN
1701 W. FLAGLER #7C
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name: Ovelyn Poitier
Street Address (P.O. Box Number is Not Acceptable): 14505 Commerce WAY STE 306
City: Miami Lakes FL Zip Code: 33016

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 [signature] DATE 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	☑ Delete	TITLE	President	☑ Change ☐ Addition
NAME	POITIER, OVELYN		NAME	Ovelyn Poitier	
STREET ADDRESS	1701 W. FLAGLER , STE 7C		STREET ADDRESS	14505 Commerce WAY STE 306	
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 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 REQUIRED [signature] 4-7-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #