

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000076993 1. Entity Name OMNI HOME HEALTH - HERNANDO, INC.			
Principal Place of Business 5429 COMMERCIAL WAY SPRING HILL, FL 34606		Mailing Address 5429 COMMERCIAL WAY SPRING HILL, FL 34606	
2. Principal Place of Business 4359 S. Suncoast Blvd		3. Mailing Address 4359 S. Suncoast Blvd	
City & State Homosassa Springs, FL		City & State Homosassa Springs, FL	
4. FEI Number 59-3741300		Applied For. Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIKOS, CYNTHIA A ESQ. 205 N. PARSONS AVENUE SUITE A BRANDON, FL 33510-4516		7. Name and Address of New Registered Agent Name American Information Services, Inc Street Address (P.O. Box Number is Not Acceptable) 350 E. Las Dias Blvd, 11th Floor City Ft. Lauderdale FL Zip Code 33330 1	
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 <u>Amy Le Grand</u> Amy Le Grand Assistant Secretary DATE 4/14/03			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEPEL, BUENA 5429 COMMERCIAL WAY SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nagpal, Beena 8551 W. Sunrise Blvd # 304 Plantation FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEPEL, NARESH 5429 COMMERCIAL WAY SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CARMELIA, DAVID 5429 COMMERCIAL WAY SPRING HILL, FL 34606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X), 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: <u>Beena Nagpal</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034 (1/07/02)