FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90204 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076993

1. Entity Name
OMNI HOME HEALTH - HERNANDO, INC.

Principal Place of Business	Mailing Address
5429 COMMERCIAL WAY SPRING HILL, FL 34606	5429 COMMERCIAL WAY SPRING HILL, FL 34606

2. Principal Place of Business	3. Mailing Address
4359 S. Suncoast Blvd	4359 S. Suncoast Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homosassa Springs, FL	City & State: Homosassa Springs, FL
Zip: 34446 Country: US	Zip: 34446 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3741300 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIKOS, CYNTHIA A ESQ. 205 N. PARSONS AVENUE SUITE A BRANDON, FL 33510-4515	Name: American Information Services, Inc Street Address (P.O. Box Number is Not Acceptable): C/O Akerman Senterfitt 350 E. Las Olas Blvd, 16th Floor City: Ft. Lauderdale FL Zip Code: 33301

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: Amy Le Grand — Amy Le Grand, Assistant Secretary — 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEGPEL, BUENA 5429 COMMERCIAL WAY SPRING HILL, FL 34606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nagpal, Beena 8561 W. Sunrise Blvd #304 Plantation FL 33322 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEGPEL, NARESH 5429 COMMERCIAL WAY SPRING HILL, FL 34606 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE CARMELIA, DAVID 5429 COMMERCIAL WAY SPRING HILL, FL 34606 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Beena Nagpal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #