

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000105582

1. Entity Name

OMNI HOME HEALTH-JACKSONVILLE INC.



Principal Place of Business

9143 PHILLIPS HWY
SUITE 190
JACKSONVILLE, FL 32256

Mailing Address

11780 W. SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3754764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PORTNOY, FRED
11780 W. SAMPLE ROAD
SUITE 105
CORAL SPRINGS, FL 33065

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME NAGPAL, BEENA
STREET ADDRESS 11780 W. SAMPLE ROAD, SUITE 105
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SEC
NAME PORTNOY, FRED
STREET ADDRESS 11780 W. SAMPLE ROAD, SUITE 105
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D
NAME NAGPAL, NARESH
STREET ADDRESS 11780 W SAMPLE RD., SUITE 105
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
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U00000685174
04/06/07-80062-016 150.00

**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:

Mitchell Wallace MITCHELL WALLACE, CFO

Date

1/4/07 (934)753-4883

Daytime Phone #