

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90229 007 ***150.00

DOCUMENT # P01000105582

1. Entity Name
OMNI HOME HEALTH-JACKSONVILLE INC.



Principal Place of Business
**9143 PHILLIPS HWY SUITE 570
JACKSONVILLE FL 32256**

Mailing Address
**9143 PHILLIPS HWY SUITE 570
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

190

Suite, Apt. #, etc.

190

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3754764 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE SUITE 1114
MIAMI BEACH FL 33139**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amy Le Grand
Assistant Secretary

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.

☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D ☐ Delete
NAME
NAGPAL, BEENA
STREET ADDRESS
9143 PHILLIPS HWY SUITE 570
CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE ☒ Change ☐ Addition
NAME
9143 Phillips Hwy Suite 190
STREET ADDRESS
9143 Phillips Hwy Suite 190
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 R (BEENA D NAGPAL)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/03
Date

954-474-0304
Daytime Phone #

CR2E034 (10/02)