

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90249 029 ***150.00

DOCUMENT # P02000030651

1. Entity Name

OMNI HEALTH MANAGEMENT CORPORATION



Principal Place of Business

**2530 GARY CIR. #802
DUNEDIN FL 34698**

Mailing Address

**2530 GARY CIR. #802
DUNEDIN FL 34698**

2. Principal Place of Business

8551 W. Sunrise Blvd.

Suite, Apt. #, etc.

304

3. Mailing Address

8551 W. Sunrise Blvd.

Suite, Apt. #, etc.

304

City & State

Plantation FL

City & State

Plantation FL

Zip

33322

Country

USA

Zip

33322

Country

USA

4. FEI Number

04-3630085

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

**BUSINESS FILINGS INCORPORATED
1000 WEST AVE, STE 1114
MIAMI BEACH FL 33496**

7. Name and Address of New Registered Agent

Name
American Information Services, Inc
Street Address (P.O. Box Number is Not Acceptable)
10 Akerman Center Bldg
350 E. Las Olas Blvd, 14th 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
DATE

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

TITLE **D** ☒ Delete
NAME **DEVAMELLA, DAVID**
STREET ADDRESS **2530 GARY CIR, #802**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☒ Delete
NAME **NAGPAL, BEENA**
STREET ADDRESS **2530 GARY CIR, #802**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **Nagpal, Naresh**
STREET ADDRESS **8551 W. Sunrise Blvd, Suite 304**
CITY-ST-ZIP **Plantation FL 33322**

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/03

Date

954-474-0304

Daytime Phone #

CR2E034 (10/02)