

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074660

FILED  
Jun 17, 2010  
Secretary of State

Entity Name: OMNITHERAPY INSTITUTE, INC.

## Current Principal Place of Business:

427 HIALEAH DRIVE  
HIALEAH, FL 33010 US

## New Principal Place of Business:

## Current Mailing Address:

427 HIALEAH DRIVE  
HIALEAH, FL 33010 US

## New Mailing Address:

FEI Number: 56-2376371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUSUMANO, SAVERIO  
4854 NW 7 STREET  
APT 502  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: CUSUMANO, SAVERIO  
Address: 4854 NW 7 STREET APT 502  
City-St-Zip: MIAMI, FL 33126 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAVERIO CUSUMANO

P

06/17/2010

Electronic Signature of Signing Officer or Director

Date