

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153549

FILED
Apr 27, 2005
Secretary of State

Entity Name: OMNI HOME HEALTH - DISTRICT 1, INC.

Current Principal Place of Business:

11760 W SAMPLE RD STE 105
CORAL SPRINGS, FL 33065

New Principal Place of Business:

11780 W SAMPLE RD STE 105
CORAL SPRINGS, FL 33065

Current Mailing Address:

11760 W SAMPLE RD STE 105
CORAL SPRINGS, FL 33065

New Mailing Address:

11780 W SAMPLE RD STE 105
CORAL SPRINGS, FL 33065

FEI Number: 20-0572436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
350 E LAS OLAS BLVD STE 1600
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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

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: FRED PORTNOY

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NAGPAL, BEENA
Address: 11760 W SAMPLE ROAD, SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NAGPAL, BEENA
Address: 11780 W SAMPLE ROAD, SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

Title: SEC () Change (X) Addition
Name: PORTNOY, FRED
Address: 11780 W. SAMPLE ROAD, SUITE 105
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRED PORTNOY

SEC

04/27/2005

Electronic Signature of Signing Officer or Director

Date