2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90341 042 ***150.00

DOCUMENT # P03000153558 1. Entity Name OMNI HOME HEALTH - DISTRICT 2, INC.					04-10-2006 90341 042 ***150.00			
Principal Place of Business 2101 NORTHSIDE DR. SUITE 401 PANAMA CITY, FL 32405 Mailing Address 11780 W SAMPLE RD STE 1 CORAL SPRINGS, FL 33065				3 10011881 111 0	BIFB HINK BERN BBINK BBK	11 111 1 11	E ÊNDE BND1 1811	81 1
Principal Place of Business 3. Mailing Address			*					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062006	Chg-P	CR2E03	4 (11/05)	
City & State	City & State		4. FEI Number 20-0572			_ 	plied For t Applicable	
Zip Country	Zip	Coun	try	5. Certificate of	f Status Desired		8.75 Add ee Required	
6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	Registered A	gent	
			Name					
PORTNOY, FRED 11780 W. SAMPLE ROAD SUITE 105			Street Address (P.O. Box Number is Not Acceptable)					
CORAL SPRINGS, FL 33065								
			City	******		FL	Zip Code)
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing it	s registere	ed office or re	egistered agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	and title if applicable. (NO	TE: Registere	d Agent signature i	required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Con		ncing	\$5.00 May Be Added to Fees		,		
10. OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE PRES	☐ Delete	TITLE	. ,	DIRECTOR	. •		☐ Change	Addition
TITLE PRES NAME NAGPAL, BEENA			Ē ,	DIRECTOR WALFAL, NAR	AzH	. 4 -	☐ Change	Addition
11142	☐ Delete	TITLE NAM STRE	ET ADDRESS	NAUPAL, NAR	85H An ILE Ro	10 S-	□ Change	Addition
NAME NAGPAL, BEENA	☐ Delete	TITLE NAM STRE	ET ADDRESS	DIRECTOR NAUPAL, NAR 11780 W. S. CORAL SHIM	8sH Anle Ro 4s FL 3	10 S-	□ Change 7 <i>€ 0</i> .5	Addition
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of the corporation or the receiver or changed, or on an attachment with ered to execute this report as required by Chapter 607, Florida half other like empowered.

SIGNATURE: _

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED O