

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90193 031 \*\*\*150.00

**DOCUMENT # P04000133524**

1. Entity Name

OMNI HOME HEALTH-DISTRICT 4, INC.



Principal Place of Business

290 CLYDE MORRIS BLVD.  
SUITE C2  
ORMOND BEACH, FL 32174

Mailing Address

11780 WEST SAMPLE ROAD  
SUITE 105  
CORAL SPRINGS, FL 33065

**60036194**



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-1657488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PRES  
NAME NAGPAL, BEENA  
STREET ADDRESS 11780 W. SAMPLE ROAD, SUITE 105  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SEC  
NAME PORTNOY, FRED  
STREET ADDRESS 11780 W. SAMPLE ROAD, SUITE 105  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D  
NAME NAGPAL, NARESH  
STREET ADDRESS 11780 W SAMPLE RD STE 105  
CITY-ST-ZIP POMPANO BEACH, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Mitch Wallace* CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MITCH WALLACE

Date

Daytime Phone #

4/28/08 (954) 753-4883