

1/18/2016 9:49:55 AM From: To: 8906174580(175)

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

JAN 20 2016

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
OMNIMED, INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

16 JAN 19 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OMNIMED, INC

Name of Corporation

DOCUMENT NUMBER: P05000013904

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Dufek

Name of Contact Person

OMNIMED, INC

Firm/Company

8751 West Broward Blvd, Suite 202

Address

Plantation FL 33324

City/State and Zip Code

administration@omnimedrehab.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Dufek

954

559-3332

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OMNIMED, INC
2. The principal office address: 8751 W. Broward Blvd Suite 202
Plantation, FL 33324
3. The mailing address (if different): 3361 SW 116TH AVENUE
DAVIE, FL 33330
4. Date of incorporation/qualification: 01/26/2005 Document number: P05000013904
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DUFEX, MICHAEL ASR

3361 SW 116TH AVENUE

DAVIE, FL 33330

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

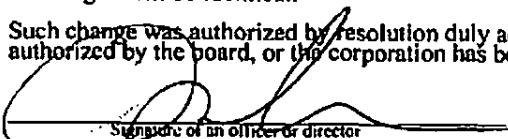
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Michael Dufek VP

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Nicole Chouinard
Signature of Registered Agent

1/15/2016

Date

If signing on behalf of an entity:
Nicole Chouinard, Asst. Secretary

C T Corporation System

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
16 JAN 19 PM 3:30
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