

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90239 035 \*\*\*550.00

<b>DOCUMENT # P05000083061</b>					
<b>1. Entity Name</b> OMNICARE MEDICAL CONCEPTS INC					
<b>Principal Place of Business</b> 3881 W FLAGLER STREET APT 124 MIAMI, FL 33134			<b>Mailing Address</b> 3881 W FLAGLER STREET APT 124 MIAMI, FL 33134		
<b>2. Principal Place of Business</b> 1111 SW 8 Street # 205		<b>3. Mailing Address</b> 111 SW 8 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 205		04252006    Chg-P    CR2E034 (11/05)	
<b>City &amp; State</b> Miami, FL 33130		<b>City &amp; State</b> Miami, FL 33130		<b>4. FEI Number</b> 20-3009315	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> AGUILERA, ANTONIO 3881 W FLAGLER STREET APT 124 MIAMI, FL 33134				<b>7. Name and Address of New Registered Agent</b> Name Antonio Aguilera Street Address (P.O. Box Number is Not Acceptable) 1111 SW 8 Street # 205 City Miami <b>FL</b> Zip Code 33130	
<b>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.</b> SIGNATURE:     DATE: 05.01.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> AGUILERA, ANTONIO		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3881 W FLAGLER STREET	<b>CITY-ST-ZIP</b> APT 124, MIAMI, FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			DATE: 05.01.06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		