

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147223

Entity Name: OMNI HEALTH PLANS INC.

FILED
Jul 29, 2006
Secretary of State

Current Principal Place of Business:

8046 LAKEPOINTE COURT
PLANTATION, FL 33322

New Principal Place of Business:

1868 N. UNIVERSITY DR
SUITE 106
PLANTATION, FL 33322

Current Mailing Address:

8046 LAKEPOINTE COURT
PLANTATION, FL 33322

New Mailing Address:

1868 N. UNIVERSITY DR
SUITE 106
PLANTATION, FL 33322

FEI Number: 20-3773380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: FERNANDEZ, ANGEL
Address: 8046 LAKEPOINTE COURT
City-St-Zip: PLANTATION, FL 33322

Title: VTD () Delete
Name: ROZIER, RAUBEN
Address: 8046 LAKEPOINTE COURT
City-St-Zip: PLANTATION, FL 33322

Title: D (X) Delete
Name: GARCIA, EDDY
Address: 8046 LAKEPOINTE COURT
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: ROZIER, RAUBEN
Address: 8800 NW 21 AVE
City-St-Zip: MIAMI, FL 33147

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANGEL FERNANDEZ

PSD

07/29/2006

Electronic Signature of Signing Officer or Director

Date