2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019733

Entity Name: ALPHA OMEGA MEDICAL SERVICES, INC.

FILED Jul 05, 2007 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
1037 US H	HIGHWAY 90 V	WEST			
SUITE 130 LAKE CIT) Y, FL 32055	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HIGHWAY 90 Y	WEST			
SUITE 130 LAKE CIT	Y, FL 32055	US			
FEI Number:	: 20-4307898	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Ad				f New Registered Agent:	
5726 SE C LAKE CITY The above	Y, FL 32025	US submits this statement for t	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered	Agent	Date	
		93(2)(b), F.S., the corporation ding Trust Fund Contribution().	id not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (HEPPNER, MI 5726 SE CR 2 LAKE CITY, FI	252	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD (HAYDEN, DON 1735 NW FRO LAKE CITY, FI	NTIER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL W. HEPPNER PTD 07/05/2007