2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State
02-21-2008 90017 043 ***150.00

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02112008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000029270

1. Entity Name
MD OMEGA PHARMACY INC.

Principal Place of Business	Mailing Address
1783 PIERCE DRIVE LAKE WORTH, FL 33460	1783 PIERCE DRIVE LAKE WORTH, FL 33460

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4915 S. DIXIE HWY	4915 S. DIXIE HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33405 Country: US	Zip: 33405 Country: US

4. FEI Number 20-8592480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MARIA B
1783 PIERCE DRIVE
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Maria B. Diaz 2/18/08
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIAZ, MARIA B		NAME		
STREET ADDRESS	1783 PIERCE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Maria B. Diaz 2/18/2008 (561) 547-7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #