

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000093935

Entity Name: OMEGA MEDICAL CLINIC INC

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7871 PALM RIVER RD  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 89693  
TAMPA, FL 336890411

**New Mailing Address:**

P.O. BOX 89693  
TAMPA, FL 33689

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALU, YOMI  
184 DICKINSON STREET  
PALM BAY, FL 32907 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ADEKANMBI, ADEOLA O  
Address: 1330 HATCHER LOOP DR  
City-St-Zip: BRANDON, FL 33511

Title: D  
Name: ALIMI, FOLAKE A  
Address: 9214 SUNNYOAK DR  
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: ADEOLA ADEKANMBI

D

01/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date