

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000099502

Entity Name: OMS SERVICES PA

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

**Current Principal Place of Business:**

8395 SHADOW PINE WAY  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

8395 SHADOW PINE WAY  
SARASOTA, FL 34238

**New Mailing Address:**

FEI Number: 27-1453939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HAWKINS, JEFFREY  
8395 SHADOW PINE WAY  
SARASOTA, FL 34238 US

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

HAWKINS, JEFFREY DR.  
8395 SHADOW PINE WAY  
SARASOTA, FL 34238 US

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: DR. JEFFREY HAWKINS

07/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HAWKINS, JEFFREY  
Address: 8395 SHADOW PINE WAY  
City-St-Zip: SARASOTA, FL 34238

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: DR. JEFFREY HAWKINS

PRES

07/16/2010

Electronic Signature of Signing Officer or Director

Date