

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000100579

FILED
Feb 18, 2011
Secretary of State

Entity Name: OMEGA HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

4923 VAN DYKE RD
LUTZ, FL 335584813

New Principal Place of Business:

8347 GUNN HWY
TAMPA, FL 336261608 US

Current Mailing Address:

4923 VAN DYKE RD
LUTZ, FL 335584813

New Mailing Address:

8347 GUNN HWY
TAMPA, FL 336261608 US

FEI Number: 27-4259319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORRELL, DAVID M
18916 LAKE'S EDGE WAY
ODESSA, FL 335562264 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

OFFICERS AND DIRECTORS:

Title: PS
Name: SORRELL, DAVID M
Address: 18916 LAKE'S EDGE WAY
City-St-Zip: ODESSA, FL 335562264

Title: VPT
Name: SORRELL, JULIE L
Address: 18916 LAKE'S EDGE WAY
City-St-Zip: ODESSA, FL 335562264

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: DAVID M SORRELL

PS

02/18/2011

Electronic Signature of Signing Officer or Director

Date