

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JAN 18 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000012751 (3)

1. Corporation Name

OMEGA MEDICAL SUPPLIES, INC.

Principal Place of Business

6850 CORAL WAY
SUITE 502
MIAMI FL 33155

Mailing Address

6850 CORAL WAY
SUITE 400-A
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/16/1992

3a. Date of Last Report
01/28/1994

4. FEI Number
65-0375223

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 6850 Coral Way

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 400-A

City & State

24 Miami, FLA.

25 Zip

26 33155

Country

27 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CAMPORINO, ADA
2850 SW 129TH AVE
SUITE 503
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CAMPORINO, ADA
STREET ADDRESS	2850 SW 129 AVE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	VS
NAME	CEDENO, GALA
STREET ADDRESS	3252 FOXCROFT RD #108
CITY-ST-ZIP	MIRAMAR FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***200.00 ***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ADA Camporino
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

101-09-94

1667-9590