

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**


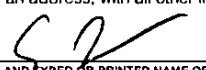
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02202006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3169815	Not Applicable

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

DOCUMENT # P94000006574		03-21-2006 90009 025 ***150.00	
1. Entity Name OMNI HEALTHCARE, P.A.			
Principal Place of Business 95 BULLDOG BOULEVARD SUITE 100 MELBOURNE, FL 32901		Mailing Address 95 BULLDOG BOULEVARD SUITE 100 MELBOURNE, FL 32901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KANCILIA, JOHN R ESQ. 1686 WEST HIBISCUS BOULEVARD MELBOURNE, FL 32901		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, JASHBHAI M.D. 1344 APOLLO BLVD STE D MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVID HURWITZ 1344 APOLLO BLVD, # C MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DELIGDISH, CRAIG 95 BULLDOG BLVD., STE. 100 MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stephen Fitzgerald 1334 Valentine Street Melbourne, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Arthur Stember 102 Fifth Ave Indialantic, FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Brian Mallette 1344 APOLLO BLVD, # D MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Jessup 1344 Apollo Blvd, # B Melbourne, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Renaldo Tirado 95 BULLDOG BLVD, # 101 MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH CIMINO 1344 APOLLO BLVD, # B MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN PEARSON 6100 Minton Road Palm Bay, FL 32907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Peter Taraschi 6100 Minton Road Palm Bay, FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John O'Linde 1344 APOLLO BLVD, # D MELBOURNE, FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: 		3-7-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

# ATTACHMENT

40034452

OMNI Healthcare, P.A.  
P94000006574

## New Directors

### Director

Eugene F. Wawrzyniak, M.D.  
1051 Port Malabar  
Palm Bay, FL 32905

### Director

Tim O'Hare  
1344 Apollo Boulevard, Ste 301  
Melbourne, FL 32901

### Director

Steven Ho  
1344 Apollo Boulevard, Ste 301  
Melbourne, FL 32901

### Director

Pedro Trujillo  
1344 Apollo Boulevard, Ste 300  
Melbourne, FL 32901

### Director

Donald DeHaven  
2955 Pineda Causeway  
Melbourne, FL 32940

### Director

Frederick Peterson  
6100 Minton Road  
Palm Bay, FL 32907

### Director

Robert Krenzer  
95 Bulldog BLvd, Ste101  
Melbourne, FL 32901

### Director

Luis Prieto  
6100 Minton Road  
Palm Bay, FL 32907