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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 P95000097460 (6) DOCUMENT #

OMR SERVICES, INC.

Country

1581 ROBERT J. CONLAN BLVD., N.E.

25 Er (Var)

9. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

2a. Mailing Address

27 Unil 900

City & State

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Suite, Apt #. etc

11 3 11 1 1 1 2

392 LACHINE STREET. SW PALM BAY FL 32908

2. Principal Place of Business

7.0011

JACOBY, DAVID H

SUITE 100

Suite, Apt. #, etc.

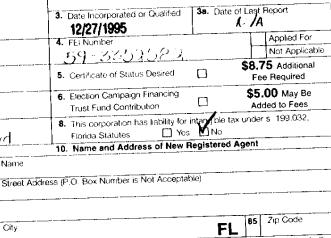
Unit 407

City & State

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392 LACHINE STREET, SW PALM BAY FL 32908

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City ₽4 PALM BAY FL 32905 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 Statute of Florida Statutes, as authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

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Count v

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| or registered agent, or both, in the Statu of Figure 33-7,0505. Florida Stati familiar with, and accept the obligations of, Section 637,0505. Florida Stati SIGNATURE | | | the contract of the contract o | | DATE S/CHANGES TO OFFICERS AND DIRECTORS IN /2 | |
|---|---|--------------------|--|-------------------------------------|---|----------------|
| | OFFICERS AND DIRECTORS | | 13. | ADDITIONS/OFFINIAGES TO - | Change | Addition |
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| | SIU | | 1.2 NAME | | | |
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| CITY -ST - ZIP | at a region overlied with this find is vo | aluntarily furnish | ed and does not qualify | for the exemption stated in Section | n 119.07(3)(k), Horida Sta no the same legal effect at | s if made un |

14. Ido hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify that I am an officer or director of the corporation or this receiver or trustee onipoviered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 or or an attachment with an activess

SIGNATURE:

Steven AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-752-0885