AMEND #61125

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 14 PM 1:31

DOCUMENT # P96000062587

1. Entity Name
OMEGA MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
7805 CORAL WAY SUITE 103 MIAMI, FL 33155-6539	P.O. BOX 442070 MIAMI, FL 33144-2070

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0686040 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGALADO, RICARDO L 7805 CORAL WAY SUITE 103 MIAMI, FL 33155-6539	Name ELENA MOURE-DOMECQ Street Address (P.O. Box Number Is Not Acceptable) 9260 SUNSET DR. #205 City MIA 61 FL Zip Code 33173

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 [signature] ELENA MOURE-DOMECQ 7-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD REGALADO, RICARDO L 7805 CORAL WAY, SUITE 103 MIAMI, FL 331556539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600021760256 07/21/03--01013--006 **367.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA TORRE, ROSA 7805 CORAL WAY, STE 103 MIAMI, FL 331556639	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIAZ, ISABELLE 7805 CORAL WAY, SUITE 103 MIAMI, FL 331556539	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-VP DIAZ, ISABELLE (SAME)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABEZAS, PATRICIA 7805 CORAL WAY, SUITE 103 MIAMI, FL 331556539	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 7-10-03 305 269-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #