

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034824

1. Entity Name

OMEGA HEALTH SYSTEMS OF KISSIMMEE, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90006 002 ***550.00

Principal Place of Business

5350 POPLAR AVE
 STE 900
 MEMPHIS TN 38119

Mailing Address

5350 POPLAR AVE
 STE 900
 MEMPHIS TN 38119

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3509705

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **LEWIS, THOMAS P**
 STREET ADDRESS **5350 POPLAR AVE #900**
 CITY-ST-ZIP **MEMPHIS TN 38119**

TITLE **D** ☒ Delete
 NAME **EDMONDS, RONALD L**
 STREET ADDRESS **5350 POPLAR AVE #900**
 CITY-ST-ZIP **MEMPHIS TN 38119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **P Lewis, Thomas P**
 STREET ADDRESS **5350 Poplar Ave #900**
 CITY-ST-ZIP **Memphis TN 38119**

TITLE ☐ Change ☐ Addition
 NAME **VP Cassandra Spier**
 STREET ADDRESS **5350 Poplar Ave #900**
 CITY-ST-ZIP **Memphis TN 38119**

TITLE ☐ Change ☐ Addition
 NAME **Asst T / Asst S**
 STREET ADDRESS **Todd E. Smith**
 CITY-ST-ZIP **5350 Poplar Ave #900**
Memphis TN 38119

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required **Asst Secretary** **9/14/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)