2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91155 042 ***150.00

DOCUMENT # P98000034824.

1. Entity Name
Omega Health Systems of Kissimmee, Inc.

Principal Place of Business	Mailing Address
921 North Main St. Kissimmee, FL 34744	Vision America Inc. 5350 Poplar Ave, Suite 900 Memphis, TN 38119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Levin Eye Center	Vision America Inc.
Suite, Apt. #, etc.: 921 North Main St.	Suite, Apt. #, etc.: 5350 Poplar Ave, Suite 900
City & State: Kissimee, FL	City & State: Memphis, TN
Zip: 34744 Country: USA	Zip: 38119 Country: USA

4. FEI Number 59-3509405 ☐ 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
CT Corporation 660 E Jefferson St. Tallahassee, FL 32301	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 $150.00
After MAY 1, 2001 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Please see attached. ☐ Change ☐ Addition
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CR2E034 (11/00)

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] BARRY E. RITTER 4/27/01 901-683-7868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
#P98000034824
769157

Omega Health Systems of Kissimmee, Inc
List of officers or directors
@12/31/00

Principal officers and directors

Name	Title	Address
A. Stone Douglass	President	5350 Poplar Ave, Suite 900 Memphis, TN 38119
Barry E Reifler	Vice President, Secretary & Treasurer	5350 Poplar Ave, Suite 900 Memphis, TN 38119
Cassandra Speier	Vice President	5350 Poplar Ave, Suite 900 Memphis, TN 38119

Board of Directors

A. Stone Douglass	President	5350 Poplar Ave, Suite 900 Memphis, TN 38119
Barry E Reifler	Vice President, Secretary & Treasurer	5350 Poplar Ave, Suite 900 Memphis, TN 38119