

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000085180

FILED
Feb 09, 2007
Secretary of State

Entity Name: OUTCOMES MANAGEMENT EDUCATIONAL WORKSHOPS, INC.

Current Principal Place of Business:

2000 N. FLORIDA MANGO RD.
#203
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2000 N. FLORIDA MANGO RD.
#203
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0872528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULSEN, BRIAN H
2000 N. FLORIDA MANGO RD.
#203
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PICHICHERO, MICHAEL E MD
Address: 332 LANDING RD S
City-St-Zip: ROCHESTER, NY 14610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: PAULSEN, BRIAN H
Address: 2000 N.FLORIDA MANGO RD., SUITE 203
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN H PAULSEN

D

02/09/2007

Electronic Signature of Signing Officer or Director

Date