## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P98000098548**1. Corporation Name

OMNI HEALTH SERVICES, INC.

Principal Place	e of Business	Mailing Address	lailing Address			
5545 SOUTHWEST 8TH STREET SUITE 206 MIAMI FL 33134		POST OFFICE BOX 126819 HIALEAH FL 33012-1613				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 11/24/1998
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21	some	26 Same Suite, Apt. #, etc.				65-0876979 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Status Desired Fee Required
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29 3	Cou 30	intry		This corporation owes the current year Intangible     Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
ALAC	RILAWYER			81	Name	Same
343	ALMERIA AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)
COH	IAL GABLES FL 33134			83		
	٨			84	City	FL 85 Zip Code
11. Pursuant office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the officerti	of Florida. Such change was autions of, Section 607.0505, Florida.	da Stat	d by ti utes.	ne corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered  4-24-9  DATE
12.	Signature, typed or printed name of registered seent OFFICERS AND		13.	Agent	signature requii	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TI	TLE		Change Addition
NAME	VALDES, ISABEL		1.2 N	AME		
STREET ADDRESS	5545 SOUTHWEST 8TH STREE	ī	1.3 \$1	TREET /	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CI	ITY-ST-	ZIP	
TITLE	b2+D	☐ DELETE	2.1 TI	TLE		☐ Change ☐ Addition
NAME	Felix mater 55400	+ # 20W	2.2 N			İ
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE	miani, FL 33131	DELETE	3.1 TI	TLE	·ZIP	☐ Change ☐ Addition
NAME			3.2 N/	AME		
STREET ADDRESS			3.3 ST	TREET	ADORESS	
CITY-ST-ZIP			3.4. C	ITY-ST	-ZIP	
TITLE		☐ DELETE	4.1 TI			☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
TITLE		☐ DÉLETE	4.4 CI	17Y-8T- TLE	ZIP	Change Addition
NAME			5.2 N/			_
STREET ADDRESS			5.3 ST	TREET	ADDRESS	
CITY-ST-ZIP			5.4 CI	ITY-ST	ZIP	
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 5	TREET	ADDRESS	}

14. 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 annual report or supplemental annual 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 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 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 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 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 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 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 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 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 o

G OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PI

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90101 041 \*\*\*150.00

D LABORABUS SING SALAH KASIS TANIS DARIK BADISI ABSID SALAH INDIA BUSIN DIREK 1011 FARIK