

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000006482

FILED
Oct 15, 2009
Secretary of State

Entity Name: OMNICARE MEDICAL CENTER, INC.

Current Principal Place of Business:

2511 WEST CHURCH STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

2511 WEST CHURCH STREET
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3616020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, OWEN D
2511 WEST CHURCH STREET
ORLANDO, FL 32805 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: JOSETTE COUTARD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FRASER, OWEN D M.D.
Address: 2511 WEST CHURCH STREET
City-St-Zip: ORLANDO, FL 32805

Title: VD () Delete
Name: FRASER, MAUREEN
Address: 7659 CLEMENTINE WAY
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSETTE COUTARD

COO

10/15/2009

Electronic Signature of Signing Officer or Director

Date