

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000059460

Entity Name: OMEGA CENTER FOR AUTISM, INC.

Current Principal Place of Business:

5205 VILLAGE BLVD
WEST PALM BEACH , FL 33407

Current Mailing Address:

5205 VILLAGE BLVD
WEST PALM BEACH , FL 33407 US

FEI Number: 83-1161651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PETITFRERE, TEVLIN
5205 VILLAGE BLVD
WEST PALM BEACH , FL 33407 US

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: TEVLIN PETITFRERE

04/23/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PETITFRERE, SABRINA
Address 5205 VILLAGE BLVD
City-State-Zip: WEST PALM BEACH FL 33407

Title TREASURER
Name PETITFRERE, TEVLIN
Address 5205 VILLAGE BLVD
City-State-Zip: WEST PALM BEACH FL 33407

I hereby 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 all other like empowered.

SIGNATURE: SABRINA PETITFRERE

EMPLOYEE

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date