

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000063482

**Entity Name:** OMI CARE CORP

**Current Principal Place of Business:**

35 WEST 13TH STREET  
APT # 1  
HIALEAH, FL 33010

**Current Mailing Address:**

35 WEST 13TH STREET  
APT # 1  
HIALEAH, FL 33010 US

**FEI Number:** 83-1344726

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RODRIGUEZ GASCON, ODETTE  
35 WEST 13TH STREET  
APT # 1  
HIALEAH, FL 33010 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name RODRIGUEZ GASCON, ODETTE  
Address 35 WEST 13TH STREET  
APT # 1  
City-State-Zip: HIALEAH FL 33010

*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:** ODETTE RODRIGUEZ GASCON

**PRESIDENT**

**03/03/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date