

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000006574

**Entity Name:** OMNI HEALTHCARE, INC.

**Current Principal Place of Business:**

95 BULLDOG BOULEVARD  
SUITE 202  
MELBOURNE, FL 32901

**Current Mailing Address:**

95 BULLDOG BOULEVARD  
SUITE 202  
MELBOURNE, FL 32901

**FEI Number:** 59-3169815

**Certificate of Status Desired:** No

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

KANCILIA, JOHN RESQ.  
1795 W. NASA BLVD  
MELBOURNE, FL 32901 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 D  
Name DELIGDISH, CRAIG  
Address 1344 SOUTH APOLLO BLVD  
City-State-Zip: MELBOURNE FL 32901

Title D  
Name TARASCHI, PETER  
Address 6100 MINTON ROAD  
City-State-Zip: PALM BAY FL 32907

*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:** CRAIG DELIGDISH

**MGR**

**04/23/2019**

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

\_\_\_\_\_  
Date