

2016 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

DIRECTOR

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date