2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000007574

1. Entity Name
OMNI MEDICAL CENTER FOR WOMEN, P.L.C.

Principal Place of Business	Mailing Address
706 WEST PLATT STREET TAMPA, FL 33606	706 WEST PLATT STREET TAMPA, FL 33606

03232005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3606752

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAKHARY, ATEF S
706 WEST PLAT STREET
TAMPA, FL 33606

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZAKHARY, ATEF S
STREET ADDRESS	706 WEST PLATT ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	SAAD MANAGEMENT COMPANY, L.L.C.
STREET ADDRESS	706 WEST PLATT ST.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Phby 3/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #