


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90180 001 *2,636.25

DOCUMENT # L04000020848

1. Entity Name
OMEGA WOMEN'S CENTER, LLC



Principal Place of Business 1801 UNIVERSITY DR SUITE 201 CORAL SPRINGS, FL 33071-4741	Mailing Address 3225 AVIATION AVE SUITE 500 MIAMI, FL 33133-4741
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2129332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**YELEN, MITCHELL A
 3225 AVIATION AVE., SUITE 500
 MIAMI, FL 33133-4741**

DO NOT WRITE IN THIS SPACE

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)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BOYETT, ROBERT MD 8955 SW 87 COURT #214 MIAMI, FL 33176
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert E. Boyett MD 4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #