

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020848

**Entity Name:** OMEGA WOMEN'S CENTER, LLC

**Current Principal Place of Business:**

1801 UNIVERSITY DR  
SUITE 201  
CORAL SPRINGS, FL 33071-4741

**Current Mailing Address:**

3225 AVIATION AVE  
SUITE 700  
MIAMI, FL 33133-4741

**FEI Number:** 54-2129332

**Certificate of Status Desired:** No

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

YELEN, MITCHELL A  
3225 AVIATION AVE., SUITE500  
MIAMI, FL 33133-4741 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

**Authorized Person(s) Detail :**

Title MGRM  
Name VITALMD GROUP HOLDING, LLC  
Address 3225 AVIATION AVENUE SUITE 700  
City-State-Zip: MIAMI FL 33133

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCISCO J LEON

COO

04/11/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date