

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043063

Entity Name: OMNI HOME HEALTH - DISTRICT 4, LLC

Current Principal Place of Business:

510 HOSPITAL DRIVE SUITE 100
MADISON, TN 37115-5036

Current Mailing Address:

510 HOSPITAL DRIVE SUITE 100
MADISON, TN 37115-5036

FEI Number: 20-1657488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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 SUNCREST HEALTHCARE, INC.
Address 510 HOSPITAL DRIVE SUITE 100
City-State-Zip: MADISON TN 37115-5036

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

SIGNATURE: TODD LYLES

MANAGER

02/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date