

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000038773

Entity Name: OMAR MEDICAL, PLLC

Current Principal Place of Business:

100 WHETSTONE PLACE, SUITE 204
ST AUGUSTINE, FL 32086

Current Mailing Address:

P.O.BOX 3956
ST AUGUSTINE, FL 32085 US

FEI Number: 27-2334189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OMAR, WALID
473 PORTA ROSA CIR
ST AUGUSTINE, FL 32092 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, PRESIDENT
Name OMAR, WALID
Address 220 E PISA PLACE
City-State-Zip: ST AUGUSTINE FL 32084

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: WALID OMAR

PRESIDENT

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date