

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000162949

Entity Name: OMEGA ADVANCED HEALTH PRACTICE, LLC

Current Principal Place of Business:

8465 PHOENICIAN CT
DAVIE, FL 33328

Current Mailing Address:

8465 PHOENICIAN CT
DAVIE, FL 33328

FEI Number: 47-1856135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OMEGA, REYNALD
8465 PHOENICIAN CT
DAVIE, FL 33328 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	MGR	Title	AMBR
Name	OMEGA, REYNALD	Name	GUSTAVE-OMEGA, ROUDIE
Address	8465 PHOENICIAN CT	Address	8465 PHOENICIAN CT
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	AMBR	Title	AMBR
Name	SANS PEUR, JOVENS N	Name	SANS PEUR, ILDA E
Address	8465 PHOENICIAN CT	Address	8465 PHOENICIAN CT
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328

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: REYNALD OMEGA

MANAGER

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date