

**2016 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  
Name OMEGA, REYNALD  
Address 8465 PHOENICIAN CT  
City-State-Zip: DAVIE FL 33328

Title AMBR  
Name GUSTAVE-OMEGA, ROUDIE  
Address 8465 PHOENICIAN CT  
City-State-Zip: DAVIE FL 33328

Title AMBR  
Name SANS PEUR, JOVENS N  
Address 8465 PHOENICIAN CT  
City-State-Zip: DAVIE FL 33328

Title AMBR  
Name SANS PEUR, ILDA E  
Address 8465 PHOENICIAN CT  
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**

**04/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date