

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000162949

Entity Name: OMEGA ADVANCED NURSE 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 PEAR, JOUENS N
Address	8465 PHOENICIAN CT
City-State-Zip:	DAVIE FL 33328

Title	AMBR
Name	SSNA PEAR, 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****01/19/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date