

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90034 046 ****50.00

DOCUMENT # L01000007574					
1. Entity Name OMNI MEDICAL CENTER FOR WOMEN, P.L.C.					
Principal Place of Business 706 WEST PLATT STREET TAMPA, FL 33606			Mailing Address 706 WEST PLATT STREET TAMPA, FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04252006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 59-3606752	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6.- Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZAKHARY, ATEF S 706 WEST PLAT STREET TAMPA, FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAKHARY, ATEF S		NAME		
STREET ADDRESS	706 WEST PLATT ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAAD MANAGEMENT COMPANY, L.L.C.		NAME	Zakhary, Heba	
STREET ADDRESS	706 WEST PLATT ST.		STREET ADDRESS	706 West Platt St.	
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	Tampa, FL 33606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: 			Date: 4/20/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					