2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# L05000004174

Entity Name: FLORIDA OMS, LLC

Current Principal Place of Business:

549 HEALTH BOULEVARD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

549 HEALTH BOULEVARD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 20-2172648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AKERS, JOHN O D.M.D.
549 HEALTH BOULEVARD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHALIT, CURTIS
Address: 549 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: LAWSON, SCOTT
Address: 549 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGR ( ) Change (X) Addition
Name: BROUMAND, VISHTASB
Address: 549 HEALTH BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN AKERS MGR 03/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date