

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105422

Entity Name: OMEGA TAMPA BAY, LLC

FILED  
Apr 12, 2006  
Secretary of State

**Current Principal Place of Business:**

15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 20-3714677

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ASTAT HEALTHNETWORK CORP  
15511 NORTH FLORIDA AVENUE  
SUITE D  
TAMPA, FL 33613 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: MGRM ( ) Delete  
Name: IEZZI, ALAN J  
Address: 15511 NORTH FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613

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

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: MANISCALCO, ANTHONY F  
Address: 13722 CHESTERSALL  
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN J IEZZI

MGRM

04/12/2006

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