


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000105422 1. Entity Name OMEGA TAMPA BAY, LLC	
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Principal Place of Business 15511 NORTH FLORIDA AVENUE SUITE D TAMPA, FL 33613	Mailing Address 15511 NORTH FLORIDA AVENUE SUITE D TAMPA, FL 33613
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DO NOT WRITE IN THIS SPACE



01162007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3714677	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ASTAT HEALTHNETWORK CORP 15511 NORTH FLORIDA AVENUE SUITE D TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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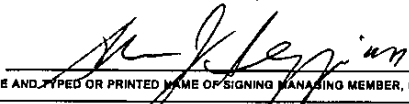
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IEZZI, ALAN J 15511 NORTH FLORIDA AVENUE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANISCALCO, ANTHONY F 13722 CHESTERSALL TAMPA, FL 33624
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02/16/07-80054-019 55.00

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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 _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		