

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105422

Entity Name: OMEGA TAMPA BAY, LLC

FILED
Mar 20, 2009
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: MGRM () Delete
Name: MANISCALCO, ANTHONY F
Address: 13722 CHESTERSALL
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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

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

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: ALAN J IEZZI

MGRM

03/20/2009

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