

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000105422

Entity Name: OMEGA TAMPA BAY, LLC

**FILED**  
**Jan 07, 2010**  
**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  
Name: IEZZI, ALAN J  
Address: 15511 NORTH FLORIDA AVENUE  
City-St-Zip: TAMPA, FL 33613

Title: MGRM  
Name: MANISCALCO, ANTHONY F  
Address: 13722 CHESTERSALL  
City-St-Zip: TAMPA, FL 33624

I hereby 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

01/07/2010

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