

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000080712

**FILED**  
**Oct 10, 2009**  
**Secretary of State**

**Entity Name:** OMEGA RESEARCH CONSULTANTS LLC

**Current Principal Place of Business:**

86 SPRING VISTA DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

70 SPRING VISTA DRIVE  
DEBARY, FL 32713

**Current Mailing Address:**

86 SPRING VISTA DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

70 SPRING VISTA DRIVE  
DEBARY, FL 32713

**FEI Number:** 43-2102680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILLIAMS, SHARON Y  
1385 BROOKWOOD FOREST BLVD  
# 802E  
JACKSONVILLE, FL 32225 US

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:** SHARON WILLIAMS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM      ( ) Delete  
**Name:** NYANTEH, HARRY MD, MPH  
**Address:** 86 SPRING VISTA DRIVE  
**City-St-Zip:** DEBARY, FL 32713

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

**Title:** MGRM      ( ) Delete  
**Name:** NYANTEH, JEFFREY  
**Address:** 86 SPRING VISTA DRIVE  
**City-St-Zip:** DEBARY, FL 32713

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** NYANTEH, JEFFREY  
**Address:** 70 SPRING VISTA DRIVE  
**City-St-Zip:** DEBARY, FL 32713

**Title:** MGRM      ( ) Delete  
**Name:** ARTIS, ANDRE MD, MBA  
**Address:** 86 SPRING VISTA DRIVE  
**City-St-Zip:** DEBARY, FL 32713

**Title:** MGRM      (X) Change ( ) Addition  
**Name:** ARTIS, ANDRE MD, MBA  
**Address:** 70 SPRING VISTA DRIVE  
**City-St-Zip:** DEBARY, FL 32713

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:** HARRY NYANTEH MD

DR

10/10/2009

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