

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000059000

Entity Name: KEVIN T. O'MARA, M.D., LLC

FILED
Oct 20, 2009
Secretary of State

Current Principal Place of Business:

6117 SOUTH RUSSELL STREET
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

6117 SOUTH RUSSELL STREET
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 26-2828060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

O'MARA, JAMES L
6117 SOUTH RUSSELL STREET
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

O'MARA, JAMES T
6117 SOUTH RUSSELL STREET
TAMPA, FL 33611 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: JAMES T. O'MARA

10/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'MARA, KEVIN T
Address: 6117 SOUTH RUSSELL ST.
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM () Delete
Name: O'MARA, JAMES L
Address: 6117 SOUTH RUSSELL ST.
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: O'MARA, JAMES T
Address: 6117 SOUTH RUSSELL ST.
City-St-Zip: TAMPA, FL 33611 US

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: JAMES T. O'MARA

MGRM

10/20/2009

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