

**2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000124245

**FILED  
Jan 03, 2012  
Secretary of State**

**Entity Name:** OMNI EHR SERVICES LLC

**Current Principal Place of Business:**

14214 NW HWY 464B  
MORRISTON, FL 32668 US

**New Principal Place of Business:**

**Current Mailing Address:**

14214 NW HWY 464B  
MORRISTON, FL 32668 US

**New Mailing Address:**

**FEI Number:** 27-4213372      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAZZANOBLE, ANTHONY  
14214 NW HWY 464B  
MORRISTON, FL 32668 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: ANTHONY MAZZANOBLE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAZZANOBLE, ANTHONY  
Address: 14214 NW HWY 464B  
City-St-Zip: MORRISTON, FL 32668 US

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: ANTHONY MAZZANOBLE

MGRM

01/03/2012

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