

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000087827

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** OMT MEDICAL SOLUTIONS LLC.

**Current Principal Place of Business:**

115 POINT CIR  
TEQUESTA, FL 33469

**New Principal Place of Business:**

222 US HIGHWAY ONE  
SUITE # 209  
TEQUESTA, FL 33469

**Current Mailing Address:**

115 POINT CIR  
TEQUESTA, FL 33469

**New Mailing Address:**

222 US HIGHWAY ONE  
SUITE # 209  
TEQUESTA, FL 33469

**FEI Number:** 45-3191839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RENFROE, JENNIFER  
115 POINT CIR  
TEQUESTA, FL 33469 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:** RENFROE, ANDREW S  
**Address:** 115 POINT CIR  
**City-St-Zip:** TEQUESTA, FL 33469

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:** ANDREW S. RENFROE

MGRM

01/09/2012

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