2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L99000003355

Entity Name: OMNI FAMILY MEDICINE, LLC

Current Principal Place of Business:

32138 WOLF BRANCH LANE
SORRENTO, FL 327769154

New Principal Place of Business:

32138 WOLF BRANCH LANE
SORRENTO, FL 327769154 US

Current Mailing Address:

P.O. BOX 940565
MAITLAND, FL 327940565

New Mailing Address:

P.O. BOX 940565
MAITLAND, FL 327940565 US

FEI Number: 59-3582210 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENTON, LARRY R
39020 N. GRAYS AIRPORT RD
LADY LAKE, FL 325594004 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/MEMBERS:

Title: MGR ( ) Delete
Name: ALSTOTT, JERRY M M.D.
Address: 32138 WOLF BRANCH LANE
City-St-Zip: SORRENTO, FL 327769154

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JERRY M ALSTOTT MD MGR 04/30/2005

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