2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# L99000003355

Entity Name: OMNI FAMILY MEDICINE, LLC

Current Principal Place of Business:

32138 WOLF BRANCH LANE
SORRENTO, FL 327769154 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940565
MAITLAND, FL 327940565 US

New Mailing Address:

FEI Number: 59-3582210 **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:

BENTON, LARRY R
39020 N. GRAYS AIRPORT RD
LADY LAKE, FL 325594004 US

Name and Address of New Registered Agent:

BENTON, LARRY R
5115 SE 112TH ST RD
BELLEVIEW, FL 34420 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: _____ 07/18/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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 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: JERRY ALSTOTT MGR 07/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date