

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003355

FILED
Apr 12, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

BENTON, LARRY R
5115 SE 112TH ST RD
BELLEVIEW, FL 34420 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: 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 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 M ALSTOTT MD

MGR

04/12/2008

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