2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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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:

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

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 Statues.

SIGNATURE: JERRY M ALSTOTT MGR 04/28/2011

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