

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000003355

**Entity Name:** OMNI FAMILY MEDICINE, LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**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 (X)**

**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:**

ALSTOTT, JERRY M MD  
32138 WOLF BRANCH LANE  
SORRENTO, FL 32776 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: JERRY M. ALSTOTT MD

04/18/2012

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 Statutes.

SIGNATURE: JERRY M. ALSTOTT MD

MGR

04/18/2012

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