

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080712

**Entity Name:** OMEGA RESEARCH CONSULTANTS LLC

**Current Principal Place of Business:**

70 SPRING VISTA DRIVE  
DEBARY, FL 32713

**Current Mailing Address:**

70 SPRING VISTA DRIVE  
DEBARY, FL 32713

**FEI Number:** 43-2102680

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, SHARON Y  
1385 BROOKWOOD FOREST BLVD  
# 802E  
JACKSONVILLE, FL 32225 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NYANTEH, HARRY MD,MPH  
Address 86 SPRING VISTA DRIVE  
City-State-Zip: DEBARY FL 32713

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HARRY NYANTEH MD,MPH,MS,CRCP

MBR

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date