

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000124245

**Entity Name:** OMNI EHR SERVICES LLC

**Current Principal Place of Business:**

14214 NW HWY 464B  
MORRISTON, FL 32668

**Current Mailing Address:**

14214 NW HWY 464B  
MORRISTON, FL 32668 US

**FEI Number:** 27-4213372

**Certificate of Status Desired:** No

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

MAZZANOBLE, ANTHONY  
14214 NW HWY 464B  
MORRISTON, FL 32668 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 MAZZANOBLE, ANTHONY  
Address 14214 NW HWY 464B  
City-State-Zip: MORRISTON FL 32668

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY MAZZANOBLE

**OWNER**

**03/21/2013**

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

\_\_\_\_\_ Date