

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000027279

Entity Name: OM HEALTHCARE MANAGEMENT , LLC

Current Principal Place of Business:

7175 53RD ST
PINELLAS PARK, FL 33781

Current Mailing Address:

PO BOX 205
PINELLAS PARK, FL 33780 US

FEI Number: 46-4884521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHATTERJEE, SOURABH
2617 COVE CAY DR
UNIT 505
CLEARWATER, FL 33760 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: SOURABH CHATTERJEE

04/12/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CHATTERJEE, SOURABH
Address PO BOX 205
City-State-Zip: PINELLAS PARK FL 33780

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: SOURABH CHATTERJEE

MGR

04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date