2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2016
Secretary of State
CC8048826115

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Entity Name: OMEGA HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

160 W EVERGREEN AVENUE
STE 290
LONGWOOD, FL 32750

Current Mailing Address:

5721 RYWOOD DRIVE
ORLANDO, FL 32810 US

FEI Number: 47-3600141

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, DEXTER
1681 N.W. 70TH AVENUE
APT. # 112
PLANTATION, FL 33313 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	MGR	Title	MGR
Name	THOMAS, DEXTER	Name	CALLIARD, HEATHER
Address	1681 NW 70TH AVENUE, APT. 112	Address	5721 RYWOOD DRIVE
City-State-Zip:	PLANTATION FL 33313	City-State-Zip:	ORLANDO FL 32810

Title	MGR
Name	JOHNSON, WENDY
Address	35 FAIRWAY DRIVE
City-State-Zip:	NEWNAN GA 30265

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: DEXTER THOMAS MANAGER 03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date