

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000124212

**FILED**  
**Nov 30, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

2701 NW BOCA RATON BLVD.  
118  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

5550 GLADES RD  
409  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

2701 NW BOCA RATON BLVD.  
118  
BOCA RATON, FL 33431 US

**New Mailing Address:**

5550 GLADES RD  
409  
BOCA RATON, FL 33431 US

**FEI Number:** 27-3576403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHWARTZ, DEREK A P.A.  
4755 TECHNOLOGY WAY  
SUITE 205  
BOCA RATON, FL 33431 US

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

KLEIN, STEVEN C  
11776 W SAMPLE RD  
105  
CORAL SPRINGS, FL 33065 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: STEVEN C KLEIN

11/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BERK, JEFFREY  
Address: 8134 TWIN LAKE DR  
City-St-Zip: BOCA RATON, FL 33496 US

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: JEFFREY BERK

MGR

11/30/2011

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