

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048665

**Entity Name:** ATLANTIC MEDICAL GROUP, LLC

**Current Principal Place of Business:**

1541 S WICKHAM ROAD  
WEST MELBOURNE, FL 32934

**Current Mailing Address:**

1541 S WICKHAM ROAD  
WEST MELBOURNE, FL 32934

**FEI Number:** 20-1388186

**Certificate of Status Desired:** No

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

KANCILIA, JOHN RESQ  
1800 W HIBISCUS BLVD., SUITE 138  
MELBOURNE, FL 32901 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 ROQUE, GEORGE E  
Address 1541 S WICKHAM RD  
City-State-Zip: MELBOURNE FL 32934

Title MGR  
Name PINTO, CARIDAD  
Address 1541 S WICKHAM RD  
City-State-Zip: MELBOURNE FL 32934

*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:** GEORGE ROQUE

MGRM

04/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date