

**2020 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	Title	MGR
Name	ROQUE, GEORGE E	Name	PINTO, CARIDAD
Address	1541 S WICKHAM RD	Address	1541 S WICKHAM RD
City-State-Zip:	MELBOURNE FL 32934	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**

**06/24/2020**

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

\_\_\_\_\_  
Date