

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000053355

Entity Name: ATLANTA MEDICAL CENTER, LLC

Current Principal Place of Business:

7745 DAWSON COURT
LAKE WORTH, FL 33467

Current Mailing Address:

7745 DAWSON COURT
LAKE WORTH, FL 33467

FEI Number: 45-5104259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BIAS, ALAN
7745 DAWSON COURT
LAKE WORTH, FL 33467 US

FILED
Mar 15, 2013
Secretary of State
CC0291973317

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
Name ALAN BIAS REVOCABLE TRUST
Address 7745 DAWSON COURT
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name HEINE, CHRIS
Address 7745 DAWSON COURT
City-State-Zip: LAKE WORTH FL 33467

Title MGR
Name CH CONSULTING INC
Address 2765 LAKE DRIVE
City-State-Zip: RIVIERA BEACH FL 33404

Title MGR
Name TREASURY INVESTMENT LTD
Address 2765 LAKE DRIVE
City-State-Zip: RIVIERA BEACH FL 33404

Title MGR
Name PRINCE, JOEL
Address 319 EAST SHORE DRIVE
City-State-Zip: ROCKWOOD TN 37854

Title MGR
Name MECCA, THOMAS
Address PO BOX 541779
City-State-Zip: LAKE WORTH FL 33454

Title MGR
Name PATRICIA MECCA REV TRUST
Address PO BOX 541779
City-State-Zip: LAKE WORTH FL 33454

Title MGR
Name SASSO FAMILY PARTNERS LLC
Address 340 S US HWY ONE APT 607
City-State-Zip: JUPITER FL 33477

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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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN BIAS

MGR

03/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MGR
Name JIMMY WALKER FAMILY PARTNERSHIP
Address 2365 AZURE CIRCLE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title MGR
Name ANDERSON, MICHAEL
Address 732 HARBOUR ISLES WAY
City-State-Zip: NORTH PALM BEACH FL 33408

Title MGR
Name MECCA FAMILY PARTNERSHIP LTD
Address PO BOX 541779
City-State-Zip: LAKE WORTH FL 33454

Title MGR
Name HADDEN HOLDINGS LLC
Address 2204 C ROAD
City-State-Zip: LOXAHATCHEE FL 33470

Title MGR
Name ACCESS ENT LLC
Address 2765 LAKE DRIVE
City-State-Zip: RIVIERA BEACH FL 33404