

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000166838

Entity Name: ATLANTIC HEALTH OPTIONS LLC

Current Principal Place of Business:

2950 W CYPRESS CREEK RD
SUITE 104
FORT LAUDERDALE, FL 33309

Current Mailing Address:

2950 W CYPRESS CREEK RD
SUITE 104
FORT LAUDERDALE, FL 33309 US

FEI Number: 84-2203201

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORDEN, CASSANDRA
6440 NW 5TH WAY
FT. LAUDERDAKE, FL 33309 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 P
Name LOONSTYN, WILLIAM
Address 4387 SW 10TH PLACE APT 103
City-State-Zip: DEERFIELD BEACH FL 33442

Title VP
Name MCKAYLE, CALVIN
Address 606 ANDERSON CIR, APT 304
City-State-Zip: DEERFIELD BEACH FL 33441

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: CALVIN MCKAYLE

VICE PRESIDENT

01/24/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date