

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000010265

1. Entity Name
ATLANTIC FAMILY ACUTE CARE CENTER, LLC



Principal Place of Business
**13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225**

Mailing Address
**13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225**



01252006No Chg-LLC

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3731139

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

8. Name and Address of Current Registered Agent

**SCHWARTZ, IRVING
13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWARTZ, WILLIAM DR
13855 ATLANTIC BLVD
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWARTZ, IRVING
11714 BRIARWOOD CIR
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWARTZ, EVELYN
11714 BRIARWOOD CIR
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000454245
03/15/06-80001-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Signature of William Dr. Schwartz

2-21-06