2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# L01000010265

Entity Name: ATLANTIC FAMILY ACUTE CARE CENTER, LLC

Current Principal Place of Business:

13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

13155 ATLANTIC BLVD.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3731139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHWARTZ, WILLIAM DR
Address: 13855 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete
Name: SCHWARTZ, IRVING
Address: 11714 BRIARWOOD CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM ( ) Delete
Name: SCHWARTZ, EVELYN
Address: 11714 BRIARWOOD CIR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: WILLIAM SCHWARTZ DR 01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date