

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90020 047 ****50.00

DOCUMENT # L01000012113	
1. Entity Name ATLANTIS OUTPATIENT CENTER, LLC	



Principal Place of Business 5401 S CONGRESS AVE SUITE 211 ATLANTIS, FL 33462	Mailing Address 5401 S CONGRESS AVE SUITE 211 ATLANTIS, FL 33462
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20029753



2. Principal Place of Business 5645 South Military Trail Suite, Apt. #, etc. Trail	3. Mailing Address 5645 South Military Trail Suite, Apt. #, etc.
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04052005 Chg-LLC CR2E083 (10/03)

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33463	Country USA
City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33463	Country USA

4. FEI Number 65-1131285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STEINBERG, SETH S MD 5401 S CONGRESS AVE SUITE 211 ATLANTIS, FL 33462	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINBERG, SETH 5401 S CONGRESS AVE STE 211 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Seti Steinberg</u>	SETI STEINBERG	4-6-05	561-964-8221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #