2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2006 8:00 am Secretary of State

					•	Secreta	ary ui Si	au
DOCUMENT # L01000012113 1. Entity Name ATLANTIS OUTPATIENT CENTER, LLC					03-22-2006 90287 010 ****50.00			
Principal Place	e of Business	Mailing Address				201	018677	
5645 SOUTH MILITARY		5645 SOUTH MILITARY	5645 SOUTH MILITARY		20010011			
TRAIL		TRAIL						
LAKE WORTH	I, FL 33463	LAKE WORTH, FL 33463						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03122006	Chg-LLC	CR2E083 (11/05)	
City & State	e	City & State			4. FEI Numbe 65-113			oplied For ot Applicable
Zip	Country	Zip	Country	-	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	ditional ed
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	Registered Agent	
			Nam	· (+=,	mn.c	SETH	S M.D.	
	RG, SETH S MD		Stree			er is Not Acceptable		
SUITE 211	NGRESS AVE					TH MIL		AIL
	i, FL 33462			· 12	,			
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	-		City	LAKE	WOLTH	l	FL Z	463
	named entity submits this statement flions of registered agent.	or the purpose of changing its re	egistered office	or register	red agent, or bo	th, in the State of FI	orida. I am familiar with,	
	~ 1	CC.					2	
SIGNATURE .	Signature, typed or printed name of registered agen	<u> </u>	TH 5: Registered Agent si		3 E/C-	~, <u>v</u> ,	3-10-06 DATE	
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9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMB	t and trie if applicable. (NOTE: I	Registered Agent single state of the state o	nature required	d when reinstating)	Mai Florid ADDITIONS	Ke check payable to a Department of State	ke Addition
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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: _	<u> Lil</u>	20	3.10-06	564-964-396
	E AND TYPED OR PRINTED NAME OF S	IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZE	REPRESENTATIVE Date	Daytime Phone #