

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90157 047 ****50.00

DOCUMENT # L01000012113

1. Entity Name

ATLANTIS OUTPATIENT CENTER, LLC



Principal Place of Business

**5503 S CONGRESS AVE
SUITE 206
ATLANTIS FL 33462**

Mailing Address

**5503 S CONGRESS AVE
SUITE 206
ATLANTIS FL 33462**

2. Principal Place of Business

5401 S Congress Ave

Suite, Apt. #, etc.

Suite 211

City & State

Atlanta, FL

Zip

33462-6637

Country

U.S.A

3. Mailing Address

5401 S Congress Ave

Suite, Apt. #, etc.

Suite 211

City & State

Atlanta, FL

Zip

33462-6637

Country

U.S.A



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1131285**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEINBERG, SETH S MD
5503 S CONGRESS AVE
SUITE 206
ATLANTIS FL 33462**

7. Name and Address of New Registered Agent

Name **SETH STEINBERG M.D.**

Street Address (P.O. Box Number is Not Acceptable)

5401 S Congress Ave

Suite 211

City

Atlanta

FL

Zip Code

33462

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 **Seth Steinberg M.D.**

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

(NOTE: Registered Agent signature required when reinstating)

2-18-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **STEINBERG, SETH**
STREET ADDRESS **5503 S CONGRESS AVE STE 206**
CITY-ST-ZIP **ATLANTIS FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☐ Addition
NAME **STEINBERG, SETH**
STREET ADDRESS **5401 S Congress Ave Suite 211**
CITY-ST-ZIP **Atlanta, FL 33462**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CR2E083 (10/02)

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: **Seth Steinberg M.D.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/18/03 561-964-8221

Date

Daytime Phone #