

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092390

FILED
Mar 20, 2006
Secretary of State

Entity Name: ATLAS HEALTH CARE OF FLORIDA, LLC

Current Principal Place of Business:

130 SOUTH UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

130 SOUTH UNIVERSITY DRIVE, SUITE A
PLANTATION, FL 33323

New Mailing Address:

FEI Number: 20-3999361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY, 7TH FLOOR
FORT LAUDERDALE, FL 33308 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: HAVIV, YEHUDA
Address: 130 SOUTH UNIVERSITY DRIVE, SUITE A
City-St-Zip: PLANTATION, FL 33323

Title: MGRM () Delete
Name: AVGANIM, SHLOMO
Address: 130 SOUTH UNIVERSITY DRIVE, SUITE A
City-St-Zip: PLANTATION, FL 33323

Title: MGRM () Delete
Name: BAR, DANY
Address: 130 SOUTH UNIVERSITY DRIVE, SUITE A
City-St-Zip: PLANTATION, FL 33323

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: YEHUDA HAVIV

MGR

03/20/2006

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