

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092390

FILED  
Feb 07, 2007  
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:**

AVGANIM, SHLOMO  
130 S UNIVERSITY DR. SUITE A  
PLANTATION, FL 33323 US

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: SHLOMO AVGANIM

02/07/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAVIV, YEHOA  
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: SHLOMO AVGANIM

MGR

02/07/2007

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