2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# L05000099607

Entity Name: TRANSATLANTIC HEALTHCARE LLC

Current Principal Place of Business:

6014 US HWY 19
SUITE 100
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

6014 US HWY 19
SUITE 100
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 20-3999153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RELIANCE CONSULTING LLC
3105 W WATERS AVE
SUITE 105
TAMPA, FL 33614 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: JANARDHANAN, KALLIATCHALI
Address: SADHANA NAGAR
City-St-Zip: BANGALORE, INDIA, KN 560075 IN

Title: MGR ( ) Delete
Name: O'ROURKE, JAMES R
Address: 8200 ROXBORO DR
City-St-Zip: HUDSON, FL 34667 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BANKER, HEMANT
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: HEMANT BANKER MGRM 01/04/2006

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