

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099607

FILED
Jan 07, 2009
Secretary of State

Entity Name: TRANSATLANTIC HEALTHCARE LLC

Current Principal Place of Business:

5110 EISENHOWER BLVD.
SUITE 340B
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

5110 EISENHOWER BLVD
SUITE 340B
TAMPA, FL 33534 US

New Mailing Address:

5110 EISENHOWER BLVD.
SUITE 340B
TAMPA, FL 33634 US

FEI Number: 20-3999153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'ROURKE, JAMES R MR
5110 EISENHOWER BLVD
SUITE 340B
TAMPA, FL 33534 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: BANKER, HEMANT
Address: 6014 US HWY 19, SUITE 100
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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

ADDITIONS/CHANGES:

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 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: JAMES O'ROURKE

MGR

01/07/2009

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