

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000099607

**FILED**  
**Jan 24, 2012**  
**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:**

4925 INDEPENDENCE PKWY  
SUITE 155  
TAMPA, FL 33634 US

**Current Mailing Address:**

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

**New Mailing Address:**

4925 INDEPENDENCE PKWY  
SUITE 155  
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:**

CUMMINGS, LARI  
5110 EISENHOWER BLVD  
SUITE 340B  
TAMPA, FL 33534 US

**Name and Address of New Registered Agent:**

CUMMINGS, LARI  
4925 INDEPENDENCE PKWY  
SUITE 155  
TAMPA, FL 33534 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:

01/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: CUMMINGS, LARI  
Address: 4925 INDEPENDENCE PKWY SUITE 155  
City-St-Zip: TAMPA, FL 33634 US

I hereby 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

01/24/2012

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