2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L06000119460

Entity Name: ATLANTIC MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

2080 W EAU GALLIE BOULEVARD STE A
MELBOURNE, FL 32935

New Principal Place of Business:

2080 W EAU GALLIE BOULEVARD
MELBOURNE, FL 32935

Current Mailing Address:

2080 W EAU GALLIE BOULEVARD STE A
MELBOURNE, FL 32935

New Mailing Address:

2080 W EAU GALLIE BOULEVARD
MELBOURNE, FL 32935

FEI Number: 59-8063257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERDSON, J. PATRICK
930 S. HARBOR CITY BOULEVARD, STE 505
MELBOURNE, FL 32901 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: PRES ( ) Delete
Name: JAIN, NITIN M.D.
Address: 3142 SCALLOP LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: VPRE ( ) Delete
Name: CHOUDHARY, NAVIN M.D.
Address: 3291 MERRICK AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: TREA ( ) Delete
Name: SILLS, RONALD M.D.
Address: 342 CARMEL DRIVE
City-St-Zip: MELBOURNE, FL 32940

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 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: NITIN JAIN, MD PRES 01/26/2009

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