

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053091

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** ATLAS HEALTH GROUP, LLC

**Current Principal Place of Business:**

7200 NW 84TH AVENUE  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

7200 NW 84TH AVENUE  
MIAMI, FL 33166 US

**New Mailing Address:**

**FEI Number:** 74-3260164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAIDEL, MICHAEL E  
3389 SHERIDAN STREET  
#293  
HOLLYWOOD, FL 33021 US

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

FURMAN, PAUL J  
7200 NW 84TH AVENUE  
MIAMI, FL 33166 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:** PAUL FURMAN

02/18/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** FURMAN, PAUL  
**Address:** 7200 NW 84TH AVENUE  
**City-St-Zip:** MIAMI, FL 33166 US

**ADDITIONS/CHANGES:**

**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:** PAUL FURMAN

MGRM

02/18/2009

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