

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000031067

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC MEDICAL PARTNERS, P.L.

**Current Principal Place of Business:**

1265 W. GRANADA BLVD., STE 3  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 152774  
TAMPA, FL 33684

**New Mailing Address:**

**FEI Number:** 26-4587521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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  
Name: FREEDMAN, ALAN M MD  
Address: 1265 W. GRANADA BLVD., STE 3  
City-St-Zip: ORMOND BEACH, FL 32174

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: ALAN FREEDMAN

MM

01/13/2011

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