

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094489

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC MEDICAL CARE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

950 N. FEDERAL HIGHWAY  
SUITE #111  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 39162  
ATTN: ANGELA BENNETT  
FORT LAUDERDALE, FL 33339

**New Mailing Address:**

**FEI Number:** 27-1068778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, ANGELA L  
950 N. FEDERAL HIGHWAY  
SUITE #111  
POMPANO BEACH, FL 33062 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: MGR  
Name: BENNETT, ANGELA L  
Address: 950 N. FEDERAL HIGHWAY SUITE 111  
City-St-Zip: POMPANO BEACH, FL 22062

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: ANGELA BENNETT

PRES

03/03/2010

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