

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000094489

**FILED**  
**Dec 14, 2011**  
**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:**

600 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

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

**New Mailing Address:**

600 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD BEACH, FL 33441

**FEI Number:** 27-1068778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BLOMONT, MICHELE  
600 FAIRWAY DRIVE  
SUITE 104  
DEERFIELD BEACH, FL 33441 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:

12/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OUW, WILLEM DR.  
Address: 600 FAIRWAY DRIVE, SUITE 104  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: WILLEM OUW

MGR

12/14/2011

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