

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002475

FILED
Jun 30, 2005
Secretary of State

Entity Name: ATLANTIC HEALTH GROUP, P.L.

Current Principal Place of Business:

7100 W. CAMINO REAL BLVD., SUITE 123
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7100 W. CAMINO REAL BLVD., SUITE 123
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0915511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FICHERA, CHRISTOPHER J PH.D.
7100 WEST CAMINO REAL BLVD., SUITE 123
BOCA RATON, FL 33433 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FICHERA, CHRISTOPHER J PH.D.
Address: 7100 WEST CAMINO BLVD., SUITE 123
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM () Delete
Name: FAULK, RICHARD M.D.
Address: 7100 WEST CAMINO BLVD., SUITE 123
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER J FICHERA PHD

DR

06/30/2005

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