2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002475

1. Entity Name
ATLANTIC HEALTH GROUP, P.L.

Principal Place of Business	Mailing Address
7100 W. CAMINO REAL BLVD., SUITE 123 BOCA RATON, FL 33433	7100 W. CAMINO REAL BLVD., SUITE 123 BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0915511
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FICHERA, CHRISTOPHER J PH.D.
STREET ADDRESS	7100 WEST CAMINO BLVD., SUITE 123
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGRM
NAME	FAULK, RICHARD M.D.
STREET ADDRESS	7100 WEST CAMINO BLVD., SUITE 123
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/06-80037-011 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ 2/6/06 561-395-0275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #