

**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.	
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Principal Place of Business 7100 W. CAMINO REAL BLVD., SUITE 123 BOCA RATON, FL 33433	Mailing Address 7100 W. CAMINO REAL BLVD., SUITE 123 BOCA RATON, FL 33433
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01172008 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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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IN THIS SPACE**

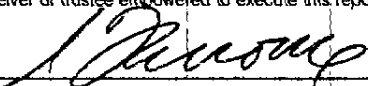
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: _____ Signature is, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: _____
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FICHERA, CHRISTOPHER J PH.D. 7100 WEST CAMINO BLVD., SUITE 123 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAULK, RICHARD M.D. 7100 WEST CAMINO BLVD., SUITE 123 BOCA RATON, FL 33433
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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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	2/4/06 561-395-0783 Date Daytime Phone #
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