

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002834

1. Entity Name  
ATLANTIC HEALTHCARE, LLC



FILED

2007 JAN 31 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7125 THOMAS EDISON DRIVE, SUITE 225  
COLUMBIA, MD 21045

Mailing Address  
7125 THOMAS EDISON DRIVE, SUITE 225  
COLUMBIA, MD 21045

2. Principal Place of Business - No P.O. Box #  
7150 Columbia Gateway Drive

3. Mailing Address  
7150 Columbia Gateway Dr.

Suite, Apt. #, etc.  
Suite 1

Suite, Apt. #, etc.  
Suite 1

City & State  
Columbia, MD

City & State  
Columbia, MD

Zip  
21046

Country

Zip  
21046

Country

01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
56-2514813

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
NICHOLSON, TIMOTHY F  
7125 THOMAS EDISON DRIVE, SUITE 225  
COLUMBIA, MD 21046

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

7150 Columbia Gateway Dr. Suite 1  
Columbia, MD 21046

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TIM TRYBUS 1/17/07 843-539-2350