

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002834

**Entity Name:** ATLANTIC HEALTHCARE, LLC

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7150 COLUMBIA GATEWAY DR.  
SUITE J  
COLUMBIA, MD 21045 US

**New Principal Place of Business:**

**Current Mailing Address:**

7150 COLUMBIA GATEWAY DR.  
SUITE J  
COLUMBIA, MD 21045 US

**New Mailing Address:**

**FEI Number:** 56-2514813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:** MGR  
**Name:** NICHOLSON, TIMOTHY  
**Address:** 7150 COLUMBIA GATEWAY DR. SUITE J  
**City-St-Zip:** COLUMBIA, MD 21046 US

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: TIM TRYBUS

CFO

04/05/2012

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