

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075577

Entity Name: ATLAS CARE MANAGEMENT, LLC

Current Principal Place of Business:

1451 W. CYPRESS CREEK RD.
SUITE 300
FT. LAUDERDALE, FL 33309

Current Mailing Address:

1451 W. CYPRESS CREEK RD.
SUITE 300
FT. LAUDERDALE, FL 33309 US

FEI Number: 75-3248391

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAAS ALIEV, DORIS
1451 W. CYPRESS CREEK RD.
SUITE 300
FT. LAUDERDALE, FL 33309 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

Authorized Person(s) Detail :

Title MGRM
Name HAAS ALIEV, DORIS
Address 1451 W. CYPRESS CREEK RD.
SUITE 300
City-State-Zip: FT. LAUDERDALE FL 33309

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DORIS HAAS ALIEV

PRESIDENT

01/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date