

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000529321

Entity Name: ATLANTIC MEDICAL CENTER, LLC

Current Principal Place of Business:

14565 SIMS RD.
DELRAY BEACH, FL 33484

Current Mailing Address:

110 SW 9TH AVE
BOCA RATON, FL 33486 US

FEI Number: 87-4141519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BHATT, NIRAV
110 SW 9TH AVE
BOCA RATON, FL 33486 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 AMBR
Name BHATT, NIRAV
Address 14565 SIMS RD.
City-State-Zip: DELRAY BEACH FL 33484

Title AMBR
Name BHATT, NISHA
Address 14565 SIMS RD.
City-State-Zip: DELRAY BEACH FL 33484

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: NIRAV BHATT

MEMBER

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date