

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002964 (4)**  
1. Corporation Name  
**ATLANTICMED, INC.**



900001874009  
-06/25/96--01005--009  
\*\*\*61.25

Principal Place of Business Mailing Address  
**13695 US HWY 1 SEBASTIAN FL 32958** **13695 US HWY 1 SEBASTIAN FL 32958**

3. Date Incorporated or Qualified **06/13/1994** 3a. Date of Last Report **03/20/1995**  
4. FEI Number **59-3253184** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**MCCORMACK, DAVID**  
**13695 US HWY 1**  
**SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent  
81 Name **Michael Garrett (D) CEO**  
82 Street Address (P.O. Box Number is Not Acceptable) **13695 US HWY 1**  
83  
84 City **Sebastian, Florida 32958 FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael Garrett* DATE **6/2/96**  
Signature of officer, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>(T) Trustee</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCORMACK, DAVID</b>	1.2 NAME	<b>John Davidson M. D.</b>
STREET ADDRESS	<b>13695 N US HWY #1</b>	1.3 STREET ADDRESS	<b>13695 US HWY 1</b>
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	1.4 CITY-ST-ZIP	<b>Sebastian, Florida 32958</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Steve Midkiff</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GARRETT, MICHAEL</b>	2.2 NAME	<b>13695 US HWY 1 (D) Treasure</b>
STREET ADDRESS	<b>13695 N US HWY #1</b>	2.3 STREET ADDRESS	<b>Sebastian, florida 32958</b>
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Joseph Crawford M. D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FODI, NANCY</b>	3.2 NAME	<b>13695 US HWY 1 (T) Trustee</b>
STREET ADDRESS	<b>13695 N US HWY #1</b>	3.3 STREET ADDRESS	<b>Sebastian, florida 32958</b>
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DST</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Richard Eisenman D. O.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCEACHERN, JOHN</b>	4.2 NAME	<b>13695 US HWY 1 (T) Trustee</b>
STREET ADDRESS	<b>13695 N US HWY #1</b>	4.3 STREET ADDRESS	<b>Sebastian, florida 32958</b>
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>Dirk Parvus D. O.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEPUTRON, DAVID OD</b>	5.2 NAME	<b>13695 US HWY 1 (T) Trustee</b>
STREET ADDRESS	<b>13230 N US HWY #1</b>	5.3 STREET ADDRESS	<b>Sebastian, florida BXB. 32958</b>
CITY-ST-ZIP	<b>SEBASTIAN FL 32958</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>Syed Zaidi MD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NASR, ELIAS MD</b>	6.2 NAME	<b>13695 US HWY 1 (D) Director</b>
STREET ADDRESS	<b>3680 20TH ST</b>	6.3 STREET ADDRESS	<b>Sebastian, Florida 32958 Secretary</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Garrett* DATE: **April 29 1996** (407) 589-3186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E037 (12/95)