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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

#### SIGNATURE: BART DELSING

Electronic Signature of Signing Officer/Director Detail

D

# 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P14000080918

#### Entity Name: FIRSTLANTIC HEALTHCARE MANAGEMENT GROUP, INC

### **Current Principal Place of Business:**

2605 WEST ATLANTIC AVE BLDG A202 DELRAY BEACH, FL 33445

#### **Current Mailing Address:**

2605 WEST ATLANTIC AVE BLDG A202 DELRAY BEACH, FL 33445

## FEI Number: 47-2050075

## Name and Address of Current Registered Agent:

DELSING, BART T 2605 WEST ATLANTIC AVE A202 DELRAY BEACH, FL 33445 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	BART DELSING			02/13/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	D	Title	D		
Name	DELSING, BART T	Name	MALONEY, JOHN F		
Address	2605 WEST ATLANTIC AVE BLDG A202	Address	2605 WEST ATLANTIC AVE BLD A202	G	
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445		

## Certificate of Status Desired: Yes

Date

FILED Feb 13, 2017 Secretary of State CC7551565625