

2021 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P16000043764

Entity Name: ATM HEALTHCARE, INC.**Current Principal Place of Business:**5222 LENOX AVENUE
JACKSONVILLE, FL 32205**Current Mailing Address:**PO BOX 49307
JACKSONVILLE BEACH, FL 32240 US**FEI Number: 81-2703770****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLERREN, ADRIANA
5222 LENOX AVENUE
JACKSONVILLE, FL 32205 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:** ADRIANA MCCLERREN

11/16/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MCCLERREN, TODD
Address	5222 LENOX AVENUE
City-State-Zip:	JACKSONVILLE FL 32205

Title	VP
Name	MCCLERREN, TODD
Address	5222 LENOX AVENUE
City-State-Zip:	JACKSONVILLE FL 32205

Title	SEC
Name	MCCLERREN, TODD
Address	5222 LENOX AVENUE
City-State-Zip:	JACKSONVILLE FL 32205

Title	TR
Name	MCCLERREN, TODD
Address	5222 LENOX AVENUE
City-State-Zip:	JACKSONVILLE FL 32205

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: MCCLERREN, TODD**OWNER**

11/16/2021

Electronic Signature of Signing Officer/Director Detail

Date