

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001765

1. Entity Name

611, LTD.

Principal Place of Business

1501 CORPORATE DR., #250
BOYNTON BEACH FL 33426

Mailing Address

1501 CORPORATE DRIVE, #250
BOYNTON BEACH FL 33426

FILED

02 AUG -5 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

ATLANTIC HEALTH

Suite, Apt. #, etc.

7900 NE 8TH AVE

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33487

DUE BY MAY 1, 2002

4. FEI Number

65-0724589

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULHALL, FRANK J

2200 CORPROATE BLVD., SUITE 407

BOCA RATON FL 33431

Name

BROAD & CASSEL c/o DAVID POWERS

Street Address (P.O. Box Number is Not Acceptable)

7777 GLADES ROAD SUITE 300

City

BOCA RATON

FL

Zip Code

33434

8. 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

Signature, typed or printed name of registered agent and title if applicable.

4/30/02

DATE

9. Capital Contributions
as Shown on record.

\$550,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000070154
NAME ATLANTIC HEALTH DEVELOPMENT CORPORATION
STREET ADDRESS 530 IBIS DRIVE
CITY-ST-ZIP DELRAY BEACH FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Atlantic Health Development Corporation to 611, LTD

Date

Daytime Phone #

CR2E003 (9/01)