

* 150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN 23 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000003168 1. Entity Name ATLANTIC HEALTHCARE CENTER, INC.			
Principal Place of Business 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046		Mailing Address 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	
2. Principal Place of Business - No P.O. Box # 7150 COLUMBIA GATEWAY DR.		3. Mailing Address 7150 COLUMBIA GATEWAY DR.	
Suite, Apt. #, etc. SUITE J		Suite, Apt. #, etc. SUITE J	
City & State COLUMBIA, MD		City & State COLUMBIA, MD	
Zip 21046		Zip 21046	
Country		Country	
4. FEI Number 56-2514811		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 * After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICHOLSON, TIMOTHY F 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP POOLE, JOHN B 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	750 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP AUMAN, MATTHEW F 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP TRYBUS, TIMOTHY J 7125 THOMAS EDISON DRIVE, SUITE 225 COLUMBIA, MD 21046	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7150 COLUMBIA GATEWAY DRIVE, SUITE J COLUMBIA, MD 21046	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FALLON, JOHN R JR. 125 WEST 55TH STREET NEW YORK, NY 10019	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		TIM TRYBUS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 1/16/06	
		Daytime Phone #: 443-539-2350	