

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003168

FILED
Apr 05, 2012
Secretary of State

Entity Name: ATLANTIC HEALTHCARE CENTER, INC.

Current Principal Place of Business:

7150 COLUMBIA GATEWAY DRIVE
SUITE J
COLUMBIA, MD 21046 US

New Principal Place of Business:

Current Mailing Address:

7150 COLUMBIA GATEWAY DRIVE
SUITE J
COLUMBIA, MD 21046 US

New Mailing Address:

FEI Number: 52-2514811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: NICHOLSON, TIMOTHY
Address: 7150 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: P
Name: POOLE, JOHN
Address: 7150 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: D
Name: AUMAN, MATTHEW
Address: 7150 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: T
Name: TRYBUS, TIMOTHY
Address: 7150 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: S
Name: FALLON, JOHN
Address: 7150 COLUMBIA GATEWAY DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

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: TIMOTHY TRYBUS

T

04/05/2012

Electronic Signature of Signing Officer or Director

Date