

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000985 (0)

1. Corporation Name

ATC HEALTHCARE SERVICES, INC.



Principal Place of Business

Mailing Address

1983 MARCUS AVE
CB 7011
LAKE SUCCESS NY 11042
US

2675 PACES FERRY ROAD, STE 400
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1995

4. FEI Number

58-1642356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, TERRENCE L	1.2 NAME	Stephen Savitsky
STREET ADDRESS	2675 PACES FERRY ROAD, STE 400	1.3 STREET ADDRESS	1983 Marcus Avenue
CITY-ST-ZIP	LAKE SUCCESS NY	1.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, STEPHEN	2.2 NAME	Gary Tighe
STREET ADDRESS	1983 MARCUS AVE., CB7011	2.3 STREET ADDRESS	1983 Marcus Avenue
CITY-ST-ZIP	LAKE SUCCESS NY	2.4 CITY-ST-ZIP	LAKE SUCCESS, NY 11042
TITLE	SVPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERROTTA, CARLA	3.2 NAME	
STREET ADDRESS	1983 MARCUS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBURG, DAVID	4.2 NAME	
STREET ADDRESS	2675 PACES FERRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVITSKY, STEPHEN	5.2 NAME	
STREET ADDRESS	1983 MARCUS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE SUCCESS NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Robbin Richards
STREET ADDRESS		6.3 STREET ADDRESS	2675 Paces Ferry Road, Suite 400
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Atlanta, GA 30329

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Carla Perrotta 1/14/98 (61) 258-1000

CR2E034 (10/97)