FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90589

1. Corporation Name

ATLANTIS C.T. CENTER, INC.

Principal Place of Business	Mailing Address
2194 Highway A1A Suite 305 Indian Harbour Beach, FL 32937	2194 Highway A1A Suite 305 Indian Harbour Beach, FL 32937

2. Principal Place of Business	2a. Mailing Address
21 2194 Highway A1A	26 2194 Highway A1A
Suite, Apt. #, etc. 22 Suite 305	Suite, Apt. #, etc. 27 Suite 305
City & State 23 Indian Harbour Beach FL	City & State 28 Indian Harbour Beach FL
Zip 24 32937 / Country 25	Zip 29 32937 / Country 30

3. Date Incorporated or Qualified: 09/02/87
3a. Date of Last Report: 05/01/95
4. FEI Number: 59 2855357 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: David Patterson - Accountant
82 Street Address (P.O. Box Number is Not Acceptable): 240-A N Babcock Street
83
84 City: Melbourne FL 85 Zip Code: 32935

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: *David [signature]* DATE: 4/29/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	Tanfield C. Miller	1.2 NAME	Raymond L. Kercher, M.D.
STREET ADDRESS	333 N New River Drive East	1.3 STREET ADDRESS	831 Sanderling Drive
CITY-ST-ZIP	Fort Lauderdale, FL 33301	1.4 CITY-ST-ZIP	Melbourne, FL 32903
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400001848494
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-06/03/96--01061--007
TITLE	☐ DELETE	5.1 TITLE	***225.00 ☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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: *Raymond L Kercher MD* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/29/96 — 407-777-2888

CR2E034 (12/95)