2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State
01-25-2000 90087 041 ***150.00

DOCUMENT # L12626

1. Entity Name

ATLANTIC ALLCARE, INC.

D0008560

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1191 E. NEWPORT CENTER DR. PENTHOUSE B DEERFIELD BEACH FL 33442 US	1191 E. NEWPORT CENTER DR. PENTHOUSE B DEERFIELD BEACH FL 33442-7708 US

2. Principal Place of Business	3. Mailing Address
1191 E. Newport Ctr Dr.	1191 E. Newport Ctr Dr
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Ste 203
City & State: Deerfield Bch, FL	City & State: Deerfield Bch, FL
Zip: 33442 Country: US	Zip: 33442 Country: US

4. FEI Number 65-0138879 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KATHLEEN K. KEE
1191 E. NEWPORT CENTER DR
PENTHOUSE B
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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: Charles Farthing — 1/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS KATHLEEN K. KEE 1191 E. NEWPORT CENTER DR DEERFIELD BCH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CHARLES C. FARTHING IV 1191 E. NEWPORT CENTER DR DEERFIELD BCH FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Farthing — 1/17/00 — 954-427-4546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #