

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12626

FILED
Feb 09, 2005
Secretary of State

Entity Name: ATLANTIC ALLCARE, INC.

Current Principal Place of Business:

1191 E. NEWPORT CENTER DR.
PH-D
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

1191 E. NEWPORT CENTER DR.
PH-D
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 65-0138879 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATHLEEN K. KEE
1191 E. NEWPORT CENTER DR
STE -PH-D
DEERFIELD BEACH, FL 33442 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: KATHLEEN K. KEE,
Address: 1191 E. NEWPORT CENTER DR
City-St-Zip: DEERFIELD BCH, FL 33442

Title: VPT () Delete
Name: CHARLES C. FARTHING, IV
Address: 1191 E. NEWPORT CENTER DR
City-St-Zip: DEERFIELD BCH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHARLES FARTHING

VPT

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date