# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N94000002964 (4)

1. Corporation Name
**ATLANTICMED, INC.**

900001874009
-06/25/96--01005--009
***61.25

Principal Place of Business
13695 US HWY 1
SEBASTIAN FL 32958

Mailing Address
13695 US HWY 1
SEBASTIAN FL 32958

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3253184 — 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**
MCCORMACK, DAVID
13695 US HWY 1
SEBASTIAN FL 32958

**10. Name and Address of New Registered Agent**
81 Name: Michael Garrett (D) CEO
82 Street Address (P.O. Box Number is Not Acceptable): 13695 US HWY 1
83
84 City: Sebastian, Florida 32958 FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Michael Garrett — 6/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) — DATE

**12. OFFICERS AND DIRECTORS**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|---|---|---|---|---|
| D | MCCORMACK, DAVID | 13695 N US HWY #1 | SEBASTIAN FL 32958 | ☒ |
| D | GARRETT, MICHAEL | 13695 N US HWY #1 | SEBASTIAN FL 32958 | ☐ |
| D | FODI, NANCY | 13695 N US HWY #1 | SEBASTIAN FL 32958 | ☐ X |
| DST | MCEACHERN, JOHN | 13695 N US HWY #1 | SEBASTIAN FL 32958 | ☒ |
| DV | DEPUTRON, DAVID OD | 13230 N US HWY #1 | SEBASTIAN FL 32958 | ☒ |
| DP | NASR, ELIAS MD | 3860 20TH ST | VERO BEACH FL 32960 | ☒ |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | | | |
|---|---|---|---|---|
| 1.1 TITLE | (T) Trustee | ☒ Change | ☐ Addition |
| 1.2 NAME | John Davidson M. D. | | |
| 1.3 STREET ADDRESS | 13695 US HWY 1 | | |
| 1.4 CITY-ST-ZIP | Sebastian, Florida 32958 | | |
| 2.1 TITLE | (D) Treasure | ☐ Change | ☒ Addition |
| 2.2 NAME | Steve Midkiff | | |
| 2.3 STREET ADDRESS | 13695 US HWY 1 | | |
| 2.4 CITY-ST-ZIP | Sebastian, florida 32958 | | |
| 3.1 TITLE | (T) Trustee | ☒ Change | ☐ Addition |
| 3.2 NAME | Joseph Crawford M. D. | | |
| 3.3 STREET ADDRESS | 13695 US HWY 1 | | |
| 3.4 CITY-ST-ZIP | Sebastian, florida 32958 | | |
| 4.1 TITLE | (T) Trustee | ☒ Change | ☐ Addition |
| 4.2 NAME | Richard Eisenman D. O. | | |
| 4.3 STREET ADDRESS | 13695 US HWY 1 | | |
| 4.4 CITY-ST-ZIP | Sebastian, florida 32958 | | |
| 5.1 TITLE | (T) Trustee | ☒ Change | ☐ Addition |
| 5.2 NAME | Dirk Parvus D. O. | | |
| 5.3 STREET ADDRESS | 13695 US HWY 1 | | |
| 5.4 CITY-ST-ZIP | Sebastian, florida 32958 | | |
| 6.1 TITLE | (D) Director Secretary | ☒ Change | ☐ Addition |
| 6.2 NAME | Syed Zaidi MD | | |
| 6.3 STREET ADDRESS | 13695 US HWY 1 | | |
| 6.4 CITY-ST-ZIP | Sebastian, Florida 32958 | | |

CR2E037 (12/95)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Michael Garrett — April 29 1996 — (407) 589-3186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #