

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000002964 (4)

1. Corporation Name

ATLANTICMED, INC.

Principal Place of Business

13695 US HWY 1
SEBASTIAN FL 32958

Mailing Address

13695 US HWY 1
SEBASTIAN FL 32958

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GARRETT, MICHAEL
13695 US HWY 1
SEBASTIAN FL 32958

3. Date Incorporated or Qualified

06/13/1994

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

NAME DAVIDSON, JOHN M.D.

STREET ADDRESS 13695 US HWY 1

CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME GARRETT, MICHAEL

STREET ADDRESS 13695 N US HWY #1

CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME MIDKIFF, STEVE

STREET ADDRESS 13695 US HWY 1

CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME CRAWFORD, JOHN M.D.

STREET ADDRESS 13695 US HWY 1

CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME EISENMAN, RICHARD D.O.

STREET ADDRESS 13695 US HWY 1

CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ DELETE

NAME PARYUS, DIRK D.O.

STREET ADDRESS 13695 US HWY 1

CITY-ST-ZIP SEBASTIAN FL 32958

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/97

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Oct 01 1998 8:00am
Secretary of State

