

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90011 003 \*\*\*\*61.25

**DOCUMENT # N94000002964**

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

\* 6 1 7 3 6 9 - 9 0 0 1 1 - 3 9 \*



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

**GARRETT, MICHAEL**  
**13695 US HWY 1**  
**SEBASTIAN FL 32958**

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

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME **DAVIDSON, JOHN M.D.**  
STREET ADDRESS **13695 US HWY 1**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

D ☐ DELETE

NAME **GARRETT, MICHAEL**  
STREET ADDRESS **13695 N US HWY #1**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TD ☐ DELETE

NAME **MIDKIFF, STEVE**  
STREET ADDRESS **13695 US HWY 1**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

T ☐ DELETE

NAME **CRAWFORD, JOHN M.D.**  
STREET ADDRESS **13695 US HWY 1**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

T ☐ DELETE

NAME **EISENMAN, RICHARD D.O.**  
STREET ADDRESS **13695 US HWY 1**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

T ☐ DELETE

NAME **PARVUS, 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 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, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99

Daytime Phone #

CR2E037 (5/99)

0001944