SECORO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

Applied For

\$8.75 Additional

Fee Required

Not Applicable

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Sulte, Apt. #, etc.

21



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

N96000004269 (4) DOCUMENT #

ATLANTIS HEALING CENTER, INC.

Principal Place of Business	Mailing Address	
7315 SAN CARLOS ROAD JACKSONVILLE FL 32217	7315 SAN CARLOS ROAD JACKSONVILLE FL 32217	

26

27

2a. Mailing Address

Suite, Apt. #, etc.

FILED 97 OCT -3 PM 1:44

SECRETARY OF STATE TALLAHASSEE; FLORIDA



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report

08/09/1996

5. Certificate of Status Desired

4. FEI Number 3403886

22					27						٥.	Certificate of Stati	os Desileo		Fee R	equired	
	City & State				City & State						6.	Election Campaig	n Financing		\$5.00	May Be	
23					28							Trust Fund Contri	bution			to Fees	
	Zip		Cou	ntry	Zip		Cou	ıntry			8.	This corporation of	wes or has p	aid the cu	rrent year In	tangible	
24			25		29		30				Personal Property Tax due June 30. Yes No						
		9, Name	and Ad	dress of Current I	Registered A	\gent		<u></u> .			10.	Name and Addre	ss of New R	egistered	Agent		
								81	Name	3							
LAWLOR, JOHN E III 1 INDEPENDENT DRIVE, SUITE 2600							82	Stree	t Addre	ss (P.	O Box Number is	Not Accepta	ple)				
								•									
JACKSONVILLE FL 32202								83									
								B4	City						85 Zip	Code	
								~	Oity					FL	.   65   24	0000	
11	. Pursuant t	to the provisi	ons of S	ections 617.0502 g	and 617.150	B, Florida Statut	es, the a	bove-	name	d corpo	ration	submits this state	ement for the	purpose o	changing i	ts registered	
	agent. I a	m familiar wit	th, and a	oth, in the State of accept the obligation	ons of, Section	on 617.0503, Fig	rida Sta	tutes.	tne co	грогацо	n s D	oard of directors.	i nereby acce	рі ше арр	ooiniiment as	registered	
Sir	NATURE .			•													
	JIMIONE .	Signature, typed	or printed n	ame of registered agent a		ble. (NOT	Registere	d Agen	ıl signalu	re required	when	reinstating)		DATE			
12				OFFICERS AND I	DIRECTORS		13.				<u>A</u>	DDITIONS/CHAN	GES TO OFFI	CERS AND			
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14.	information	n Indicated o	n this ar	rmation supplied want or sup e corporation or the	plemental ar	nnual report is t	ue and a	accur.	ate an	d that m	ny sig	nature shall have	the same leg-	al effect as	s if made un	der oath; that	
	appears in	Block 12 or	Block 1	3 if changed, or or	n an altachm	ent with an add	ress.										

(SIGNATURE REOKINGED



## Atlantis Healing Center Initial Board of Directors

Director
Betty Bowen
6840 San Souci Road
Jacksonville, FL 32216

Director
Leah Carr
5478 Windermere Drive
Jacksonville, FL 32211

Director John Davis P.O. Box 2335 Orange Park, FL 32067-2335

Director
Diane English
64 Hypolita Street
St. Augustine, FL 32072

President
Sandra Findlay
7315 San Carlos Road
Jacksonville, FL 32217

Director
Dennis Lafer
8340 Barquero Court
Jacksonville, FL 32217

Director
Patty Nimnicht
6148 San Jose Boulevard, W.
Jacksonville, FL 32217

Treasurer
 Ron Prickett
 3909 Sunbeam Road, Apt. 308
 Jacksonville, FL 32257

Director Lori Carlson 546 Lakefield Lane Orange Park, FL 32073

Director Barbara Chapman P.O. Box 6493 Jacksonville, FL 32236

Director Marlene Davis P.O. Box 2335 Orange Park, FL 32067-2335

Director Prentiss Findlay 7315 San Carlos Road Jacksonville, FL 32217

Secretary
Gail Horowitz
4060 Mizner Court
Jacksonville, FL 32217

Director Linda Miller 1776 Talbot Avenue Jacksonville, FL 32205

Director Linda Pancoast 9440 Kells Road Jacksonville, FL 32257

Vice President Martha Worsley 1909 University Boulevard S., Apt. 502 Jacksonville, FL 32216