

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004269

Entity Name: ATLANTIS HEALING CENTER, INC.

FILED
Jul 30, 2004
Secretary of State

Current Principal Place of Business:

412, 2ND STREET SOUTH
JACKSONVILLE, FL 32250

New Principal Place of Business:

115 5TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

412, 2ND STREET SOUTH
JACKSONVILLE, FL 32250

New Mailing Address:

115 5TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3403886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, LAWRENCE R
3010 S. 3RD STREET
JACKSONVILLE BEACH, FL 32250 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

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: FREEMAN, BRIDGET
Address: 298 PINE STREET
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D () Delete
Name: O'BRIEN, SHARON
Address: 4303 N W 21ST DR
City-St-Zip: GAINESVILLE, FL 32211

Title: D () Delete
Name: PATTERSON, LAWRENCE R
Address: 3010 3RD ST
City-St-Zip: JACKSONVILLE, FL 32250

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: BONDS, CHUCK
Address: 12751 FORT CAROLINE RD
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Change (X) Addition
Name: FINK, KEN
Address: 1973 BEACH AVE
City-St-Zip: ATLANTIC BEACH, FL 32233

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIDGET FREEMAN, MD

PDST

07/30/2004

Electronic Signature of Signing Officer or Director

Date