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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006174 (4)**

1. Corporation Name

ATLANTIC CARE, INC.

Principal Place of Business

**3900 NORTH WEST 79TH AVENUE
SUITE 500
MIAMI FL 33166**

Mailing Address

**3900 NORTH WEST 79TH AVENUE
SUITE 500
MIAMI FL 33166-6549**



3. Date Incorporated or Qualified
12/05/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0732147

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

**INTRASTATE REGISTERED AGENT CORPORATION
C/O HOLLAND & KNIGHT
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131-3209**

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

TITLE **Chair** ☐ DELETE
NAME **Colonel Brodes Hartley**
STREET ADDRESS **10300 SW 216 STREET**
CITY- ST- ZIP **MIAMI, FL 33190**

TITLE **Vice Chair** ☐ DELETE
NAME **Caleb Davis**
STREET ADDRESS **3090 SW 37 Avenue**
CITY- ST- ZIP **COCONUT GROVE, FL 33133**

TITLE **Secretary** ☐ DELETE
NAME **Evalinga Bestman**
STREET ADDRESS **1469 NW 36 Street**
CITY- ST- ZIP **MIAMI, FL 33142**

TITLE **Treasurer** ☐ DELETE
NAME **Mario Jardon**
STREET ADDRESS **4175 West 30 Avenue**
CITY- ST- ZIP **Hialeah, FL 33012**

TITLE **Jessie Trice** ☐ DELETE
NAME **Member**
STREET ADDRESS **5301 NW 22 Avenue**
CITY- ST- ZIP **MIAMI, FL 33142**

TITLE **Elizabeth K. Cooke** ☐ DELETE
NAME **Member**
STREET ADDRESS **3900 NW 79th Ave Ste 500**
CITY- ST- ZIP **MIAMI, FL 33166**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Colonel Brodes Hartley** ☐ Change ☐ Addition
1.2 NAME **Chair**
1.3 STREET ADDRESS **10300 SW 216 STREET**
1.4 CITY- ST- ZIP **MIAMI, FL 33190** "D"

2.1 TITLE **Vice Chair** ☐ Change ☐ Addition
2.2 NAME **Caleb Davis**
2.3 STREET ADDRESS **3090 SW 37 Avenue**
2.4 CITY- ST- ZIP **COCONUT GROVE FL 33133** "D"

3.1 TITLE **Secretary** ☐ Change ☐ Addition
3.2 NAME **Evalinga Bestman**
3.3 STREET ADDRESS **1469 NW 36 ST.**
3.4 CITY- ST- ZIP **MIAMI, FL 33142** "D"

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 **900002184979**
6.4 CITY- ST- ZIP **-05/20/97--01051--011**
*****61.25** **CS 5/8/97**

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000601

CR2E037 (9/96)