FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006174 (4)

ATLANTIC CARE, INC.

FILED Feb 06 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		- I sudissan din Ludiu desist kalin audut dusti kadii Kal	inn mitht tenti innit miht that		
3900 NORTH WEST 79TH AVENUE 3900 NORTH WEST 79TH AVENUE SUITE 500 SUITE 500 MIAMI FL 33166 MIAMI FL 33166			3. Date Incorporated or Qualified 12/05/1996			
MIZARI I E 00300	MILMI EE SSIGO		4. FEI Number 65-0732147	Applied For Not Applicable		
2. Principal Place of Business 21 3900 NW 79th Ave.	2a. Mailing Address 26 3900 NW 79 to	6 Ave	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite Apt. #, etc. 27 Suite 501	<i>;</i>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State , Fl 23 Miami , Fl	City & State 28 Miami, Fl		7. Is this nonprofit corporation a homeowners association?			
Zip Country 25 B USA	29 33/66 30	USA_	1 0.001/dil 1 10/2011y Tax add \$4.10 co.	Yes 🔲 No _		
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent				
		81 Name				
INTRASTATE REGISTERED AGENT CORPORATION C/O HOLLAND & KNIGHT 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131-3209		82 Street Address (P.O. Box Number is Not Acceptable)				
		83				
		84 City	FL_	85 Zip Code		
 Pursuant to the provisions of Sections 617.0502 	and 617.1508, Florida Statutes, the a	above-named corpo	pration submits this statement for the purpose of	changing its registered		

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,	m familiar with, and accept the obligations of, S				DATE	
12.	Signature, typed or printed name of registered agent and title if ap OFFICERS AND DIRECTO	<u> </u>	: Registered Agent signatur	e required when reinstating) ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	T OF TOLING AND DIRECTO	DELETE	1.1 TITLE		Change	Addition
NAME	JARDON, MARIO		1.2 NAME		<u> </u>	
STREET ADORESS	4175 WEST 20 AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIF	HIALEAH FL 35012		1.4 CITY - ST - ZIP	}		
TITLE	M	DELETE	2.1 TITLE	D	∴ Change	Addition
NAME	TRICE, JESSIE		2.2 NAME		•	
STREET ADDRESS	5361 NE 22ND AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142		2. 4 CITY-ST-ZIP	j		
TITLE	M	☐ DELETE	3.1 TITLE	ρm	∠ Change	Addition
NAME	COOKE, ELIZABETH K		3.2 NAME			
STREET ADDRESS	3900 79TH AVENUE STE 500		3.3 STREET ADDRESS	1		
CITY-ST-ZIP	MIAMI FL 33166		3.4, CITY - ST - ZIP			
TITLE	D	DELETE	4.1 TITLE	CD	Change	Addition
NAME	HARTLEY, BRODES		4. 2 NAME]		
STREET ADDRESS	10300 SW 216 STREET		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33190		4.4 CITY - ST-ZIP	1		
TITLE	D	DELETE	5.1 TITLE	SD	✓ Change	Addition
NAME	DAVIS, CALEB		5.2 NAME		•	
STREET ADDRESS	3090 SW 37 AVENUE		5.3 STREET ADDRESS	1		
CITY-ST-ZIP	COCONUT GROVE FL 33133		5.4 CITY - ST - ZIP			
TITLE	SD	₩ DELETE	6.1 TITLE		☐ Change	Addition
NAME	BESTMAN, EVALINA		6.2 NAME	ļ		
STREET ADDRESS	1469 NW 36 ST		6.3 STREET ADDRESS			

4. I hereby certify that the information supplied with this filling 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

ELICALICATION FRANCE OF SIGNING OFFICER OF DIRECTOR

1/9/98 305-599-1015 Daytime Phone # 0032254