


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90158 048 \*\*\*\*61.25

<b>NONPROFIT CORPORATION- ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N96000006174**

1. Corporation Name

**ATLANTIC CARE, INC.**

Principal Place of Business

**3900 NORTH WEST 79TH AVENUE  
SUITE 501  
MIAMI FL 33168  
US**

Mailing Address

**3900 NORTH WEST 79TH AVENUE  
SUITE 501  
MIAMI FL 33168  
US**


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/05/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0732147</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>INTRASTATE REGISTERED AGENT CORPORATION C/O HOLLAND &amp; KNIGHT 701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131-3209</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARDON, MARIO</b>	1.2 NAME	
STREET ADDRESS	<b>4175 WEST 20 AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 35012</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRICE, JESSIE</b>	2.2 NAME	
STREET ADDRESS	<b>5361 NE 22ND AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOKE, ELIZABETH K</b>	3.2 NAME	
STREET ADDRESS	<b>3900 79TH AVENUE STE 500</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARTLEY, BRODES</b>	4.2 NAME	
STREET ADDRESS	<b>10300 SW 216 STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33190</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, CALEB</b>	5.2 NAME	
STREET ADDRESS	<b>3090 SW 37 AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 empowered.

SIGNATURE:

*Elizabeth Cooke*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)