

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-24-2002 90562 010 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046725

Entity Name

THE ATLANTIS HEALTH GROUP, INC.

Principal Place of Business

1200 S FEDERAL HWY. THE COLONIAL CENTER
 BOYNTON BEACH FL 33435

Mailing Address

1200 S FEDERAL HWY. THE COLONIAL CENTER
 BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651101676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

Name C.A. Papatheodorou

Street Address (P.O. Box Number is Not Acceptable)

1200 South Federal Highway, Suite # 202

City Boynton Beach

FL

Zip Code 33435

8. 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

Signature typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
 NAME PAPATHEODOROU, C A DR
 STREET ADDRESS 1200 S FEDERAL HWY, THE COLONIAL CENTER
 CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME CLEVELAND, RICHARD DR
 STREET ADDRESS 1200 S FEDERAL HWY, THE COLONIAL CENTER
 CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

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 CITY-ST-ZIP

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)