

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120484

1. Entity Name

ATLANTIS HEALTH GROUP SERVICES, INC.

Principal Place of Business

THE COLONIAL CENTER  
1200 SOUTH FEDERAL HIGHWAY  
BOYNTON BEACH FL 33435

Mailing Address

THE COLONIAL CENTER  
1200 SOUTH FEDERAL HIGHWAY  
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 651160034

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.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name Andreas Papatheodorou

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

1200 S. Federal Highway #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 Andreas Papatheodorou, Andreas Papatheodorou

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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 PD  
NAME PAPATHEODOROU, C.A. DR  
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

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

TITLE VT  
NAME PAPATHEODOROU, ANDREAS  
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

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

TITLE S  
NAME WOLFF, DANIEL  
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

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

TITLE D  
NAME CLEVELAND, RICHARD J DR.  
STREET ADDRESS 1200 SOUTH FEDERAL HIGHWAY  
CITY-ST-ZIP BOYNTON BEACH FL 33435 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: Andreas Papatheodorou, Andreas Papatheodorou 4/26/02 561-364-4822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

05-24-2002 90562 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)