2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# P02000042943

Entity Name: ATLANTIC ACU-MEDICAL CENTER CORP.

Current Principal Place of Business:

3125 W. ATLANTIC BLVD
POMPANO BEACH, FL 33068

New Principal Place of Business:

Current Mailing Address:

3125 W. ATLANTIC BLVD
POMPANO BEACH, FL 33068

New Mailing Address:

FEI Number: 03-0428698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, FILS
7510 NW 41 ST
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

JONAS, FILS
7510 NW 41 ST
CORAL SPRINGS, FL 33065 US

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: JONAS FILS 10/19/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAUREPAS, HENRY
Address: 4152 CORAL TREE #251
City-St-Zip: COCONUT CREEK, FL 33063

Title: S ( ) Delete
Name: FILS, JONAS
Address: 7510 NW 41ST ST.
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY MAUREPAS PRES 10/19/2004
Electronic Signature of Signing Officer or Director Date