

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 06, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P02000042943	
1. Entity Name	
Atlantic ACU Medical Center Corporation	

DO NOT WRITE IN THIS SPACE

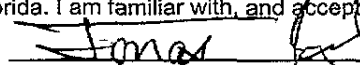
2. Principal Place of Business 3125 W. Atlantic Boulevard Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68th Street Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Ft. Lauderdale, Florida	
Zip 33069	Country	Zip 33309	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0428698	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Jonas Fils	
Street Address (P.O. Box Number is Not Acceptable) 7510 NW 41st Street	
City Coral Springs	Zip Code 33065

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Jonas Fils 4/30/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Director Maurepas, Henry 4152 Coral Tree, Apt No.251 Coconut Creek, Florida 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000369115 06/06/05-80005-012 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary/Director Fils, Jonas 7510 NW 41st Street Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisory/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Henry Maurepas, CEO	4/30/2005	(954)977-7510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #