

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

ATX1

<b>DOCUMENT #</b> P02000042943	
<b>1. Entity Name</b> Atlantic ACU Medical Center Corporation	

FILED  
06 JAN 25 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 3125 W. Atlantic Boulevard Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3125 W. Atlantic Boulevard Suite, Apt. #, etc. Suite No. 11	
<b>City &amp; State</b> Pompano Beach, FL		<b>City &amp; State</b> Pompano Beach, Florida	
<b>Zip</b> 33069	<b>Country</b> USA	<b>Zip</b> 33069	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> Mr. Jonas Fils	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7510 NW 41 Street	
<b>City</b> Coral Springs	<b>FL</b>
<b>Zip Code</b> 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 **Jonas Fils** **1/13/2006**  
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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President/CEO/Director Henry Maurepas 4152 Coral Tree Circle, Apt No.251 Coconut Creek, Florida 33063
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Corporate Secretary/Director Jonas Fils 7510 NW 41 Street Coral Springs, Florida 33065
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Board Advisor/Ex-officio member Clifton H. Rodriguez, CPA 3146 NW 68 Street Fort Lauderdale, Florida 33309
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	600065566376 02/10/06--01015--024 **150.00
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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IN THIS SPACE**

**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 **Henry Maurepas, CEO** **1/13/2006** **(954)988-7510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #