

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

ATX1

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

FILED

07 APR 30 PM 2:15

CLERK OF STATE
TALLAHASSEE, FLORIDA

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. Suite No.1	
City & State Pompano Beach, FL		City & State Fort Lauderdale, Florida	
Zip 33069	Country USA	Zip 33309-1206	Country USA

DO NOT WRITE IN THIS SPACE

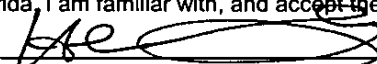
4. FEI Number 03-0428698		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Henry Maurepas	
Street Address (P.O. Box Number is Not Acceptable) 4152 Coral Tree Circle, Apt No. 251	
Apt No. 251	
City Coconut Creek	FL
Zip Code 33073	

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  **Henry Maurepas** **1/26/2007**
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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

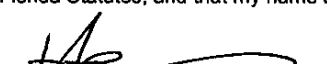
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson of the Board Henry Maurepas 4152 Coral Tree Circle, Apt No.251 Coconut Creek, Florida 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Treasurer/Director Jonas Fils 7510 NW 41st Street Coral Springs, Florida 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Ex-officio member Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Ste No.1 Fort Lauderdale, Florida 33309-1206
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	900102092389 05/10/07-01013-002 **300.00
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25/10

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** **1/26/2007** **(754)224-9513**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**