

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

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90032 005 \*\*\*150.00

**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 No.11  
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 Country**  
33069 USA

**Zip Country**  
33309-1206 USA

**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)**  
4253 NW 55th Place

**City FL Zip Code**  
Coconut Creek 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** **1/24/2008**  
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 NAME STREET ADDRESS CITY-ST-ZIP</b>	President/CEO/Chairperson of the Board Henry Maurepas 4253 NW 55th Place Coconut Creek, Florida 33073
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	Corporate Treasurer/Director Jonas Fils 7510 NW 41st Street Coral Springs, Florida 33065
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	Board Advisor/Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street, Ste No.1 Fort Lauderdale, Florida 33309-1206
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

**11.**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	

**DO NOT WRITE  
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, CEO** **1/26/2008** **(754)224-9513**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #