

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000042943

**FILED**  
**Jun 15, 2011**  
**Secretary of State**

**Entity Name:** ATLANTIC ACU-MEDICAL CENTER CORP.

**Current Principal Place of Business:**

3125 W. ATLANTIC BLVD  
SUITE NO. 11  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

3146 NW 68TH STREET  
SUITE NO. 1  
FORT LAUDERDALE, FL 333091206 US

**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:**

MAUREPAS, HENRY  
4253 NW 55TH PLACE  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MAUREPAS, HENRY COB  
Address: 4253 NW 55TH PLACE  
City-St-Zip: COCONUT CREEK, FL 33073

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

I hereby 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 all other like empowered.

SIGNATURE: HENRY MAUREPAS

CEO

06/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date