

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90169 029 ***150.00

DOCUMENT # P02000042943



1. Entity Name
ATLANTIC ACU-MEDICAL CENTER CORP.

Principal Place of Business
**16 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334**

Mailing Address
**16 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33334**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3125 W. Atlantic Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3125 W. Atlantic Blvd
Suite, Apt. #, etc.

City & State
Pompano Beach, FL
Zip
33068 Country
USA

City & State
Pompano Beach, FL
Zip
33068 Country
USA

4. FEI Number
03-04 28698

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMDY, ESAM
61 CENTENNIAL CT.
DEERFIELD BCH FL 33442**

7. Name and Address of New Registered Agent

Name
Fils, Jonas
Street Address (P.O. Box Number is Not Acceptable)
7510 NW 41 Street
City
Coral Springs FL 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** **Jonas Fils** **01/13/03**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMDY, ESAM 16 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FILS, JONAS 7510 NW 41ST ST. CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P maurepas, Henry 41st Coral Tree Circle #251 Coconut Creek, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Henry Maurepas** **01/13/03 (954) 709-8835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)