

P02 000063866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

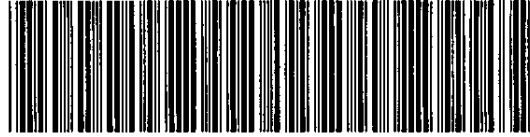
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUL 23 AM 10:49

June 23, 2015

BRUCE CATANZARO  
ATLANTICARE NURSING SERVICES, INC.  
219 SE 23RD AVE.  
BOYNTON BEACH, FL 33435

SUBJECT: ATLANTICARE NURSING SERVICES, INC.  
Ref. Number: P02000063866

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

✓ A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

ARE YOU CHANGING THE REGISTERED AGENT FOR "ATLANTICARE NURSING SERVICES, INC." DOCUMENT #P02000063866 ???????? PLEASE CORRECT THE DOCUMENT NUMBER AND DATE OF INCORPORATION IN SECTION #4 OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 715A00013160

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Atlanticare Nursing Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce Catanzaro

Name of Contact Person

Atlanticare Nursing Services, Inc.

Firm/Company

219 SE 23rd Ave

Address

Boynton Beach, FL 33435

City/State and Zip Code

catanzarob@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce Catanzaro

Name of Contact Person

at ( 561 ) 637-4242

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AtlantiCare Nursing Services, Inc.
2. The principal office address: 219 SE 23rd Ave, Boynton Beach, FL 33435
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/10/2002 Document number: P02000063866

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Bruce Catanzaro

14000 S Military Trail #108

Delray Beach, FL 33484

6. The name and street address of the new registered agent (if changed) and /or registered (if changed):

Bruce Catanzaro

219 SE 23rd Ave

P.O. Box NOT acceptable

Boynton Beach, FL 33435

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

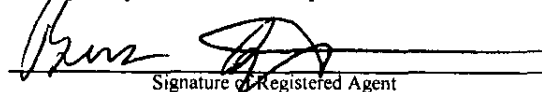
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Bruce Catanzaro

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

7/20/15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)