

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000089405

Entity Name: ATLANTIC MEDICAL SPECIALTY, INC.

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

9784 SW 24 ST
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9784 SW 24 ST
MIAMI, FL 33165

New Mailing Address:

FEI Number: 43-1971812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAICOA, CARLOS A
9784 SW 24 ST
MIAMI, FL 33165 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LOPES, MARIA E
Address: 9784 SW 24 ST
City-St-Zip: MIAMI, FL 33165

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LOPES, MARIA E
Address: 9784 SW 24 STREET
City-St-Zip: MIAMI, FL 33165

Title: P () Change (X) Addition
Name: GARAICOA, CARLOS
Address: 9784 SW 24 STREET
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS GARAICOA

P

04/06/2007

Electronic Signature of Signing Officer or Director

Date