2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 30, 2006
Secretary of State

DOCUMENT# P02000129273

Entity Name: ATLANTIC HEALTH CARE SERVICES INC.

Current Principal Place of Business:

P.O. BOX 618293
ORLANDO, FL 32861 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618293
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 30-0134285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENDER, TANIA R OWNER
1202 BUENA VISTA AVENUE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

BENDER, PAUL T OWNER
1202 BUENA VISTA AVENUE
ORLANDO, FL 32818 US

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: PAUL T. BENDER 10/30/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BENDER, PAUL T OWNER
Address: 1202 BUENA VISTA AVE
City-St-Zip: ORLANDO, FL 32818 FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition
Name: BENDER, TANIA R OWNER
Address: 1202 BUENA VISTA AVE
City-St-Zip: ORLANDO, FL 32818 FL

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: TANIA R. BENDER MRS 10/30/2006
Electronic Signature of Signing Officer or Director Date