

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

3/

FILED
May 02, 2005 8:00 am
Secretary of State

03-23-2005 90054 034 ***150.00

| | | |
|------------------------------------|--|---|
| DOCUMENT # P04000045595 | |  |
| 1. Entity Name ATLANTICARE CORP | | |

| | | | |
|---|---------|---|---------|
| Principal Place of Business 20101 NE 16TH PLACE MIAMI, FL 33179 | | Mailing Address 2401 E. ATLANTIC BLVD. #200 POMPANO BEACH, FL 33062 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MOODY, KAREN L 20101 NE 16TH PLACE MIAMI, FL 33179 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL _____ Zip Code _____ | |



01172005 Chg-P CR2E034 (10/03)
4. FEI Number 20-2735691 Applied For
Not Applicable

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

6. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$650.00

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

| | | | | |
|--|---|---|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MOODY, KAREN L 20101 NE 16TH PLACE MIAMI, FL 33179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CORREA, MICHAEL A 20101 NE 16TH PLACE MIAMI, FL 33179 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | — | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/3/05
Date _____ Daytime Phone # _____