2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P04000047676

Entity Name: ATLANTIC HEALTHCARE GROUP, INC.

Current Principal Place of Business:

2401 E ATLANTIC BLVD STE 410
POMPANO BEACH, FL 33062

New Principal Place of Business:

20101 NE 16TH PLACE
MIAMI, FL 33179

Current Mailing Address:

2401 E ATLANTIC BLVD STE 410
POMPANO BEACH, FL 33062

New Mailing Address:

20101 NE 16TH PLACE
MIAMI, FL 33179

FEI Number: 20-0899380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BLVD STE 485 S
HOLLYWOOD, FL 33021 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: P ( ) Delete
Name: MOODY, KAREN
Address: 20101 NE 16 PL
City-St-Zip: MIAMI, FL 33179

Title: S ( ) Delete
Name: CORREA, MICHAEL
Address: 20101 NE 16 PL
City-St-Zip: MIAMI, FL 33179

Title: T ( ) Delete
Name: LUIS, ALDAY G
Address: 20101 NE 16 PL
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOODY, KAREN
Address: 20101 NE 16TH PLACE
City-St-Zip: MIAMI, FL 33179

Title: S (X) Change ( ) Addition
Name: CORREA, MICHAEL
Address: 20101 NE 16TH PLACE
City-St-Zip: MIAMI, FL 33179

Title: T (X) Change ( ) Addition
Name: LUIS, ALDAY G
Address: 20101 NE 16TH PLACE
City-St-Zip: MIAMI, FL 33179

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: MICHAEL A. CORREA S 04/05/2006
Electronic Signature of Signing Officer or Director Date