

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000146673

FILED
Sep 20, 2006
Secretary of State

Entity Name: THE ATLANTIC INSTITUTIONAL REVIEW BOARD, INCORPORATED

Current Principal Place of Business:

36750 US HWY 19 NORTH, INNISBROOK
AUGUSTA, SUITE #2014
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

36750 US HWY 19 NORTH, INNISBROOK
AUGUSTA, SUITE #2014
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GODDARD, SHARON L
36750 US HWY 19 NORTH, INNISBROOK
AUGUSTA, SUITE #2104
PALM HARBOR, FL 34684 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: SHARON L GODDARD

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMPONSAH, DAVID K MD
Address: 1914 WICKETT WAY
City-St-Zip: CEDAR PARK, TX 78613

Title: D (X) Delete
Name: BERRYMAN, JANICE L RN
Address: 3045 DALE DR. NE
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: GODDARD, SHARON L RN
Address: PO BOX 1224
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: AMPONSAH, DAVID K MD
Address: 1914 WICKETT WAY
City-St-Zip: CEDAR PARK, TX 78613

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: GODDARD, SHARON L RN
Address: PO BOX 1224
City-St-Zip: TARPON SPRINGS, FL 34688

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: SHARON L GODDARD

Electronic Signature of Signing Officer or Director

CEO

09/20/2006

Date