

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000036654

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ATLANTIS HOME CARE GROUP, INC.

**Current Principal Place of Business:**

2200 NW 102 AVE  
5  
DORAL, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2200 NW 102 AVE  
5  
DORAL, FL 33172

**New Mailing Address:**

**FEI Number:** 26-4733442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALADRIGAS, JULIO A  
2200 NW 102 AVE  
SUITE 5  
DORAL, FL 33172 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SALADRIGAS, JULIO A  
Address: 860 SE 9 AVE  
City-St-Zip: HIALEAH, FL 33010

Title: VPD  
Name: ROBEIRO, MEYLIN  
Address: 1490 WEST 49 PLACE  
City-St-Zip: HIALEAH, FL 33012

I hereby 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 all other like empowered.

SIGNATURE: JULIO SALADRIGAS

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04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date