

P09000046218

(Requestor's Name)

(Address)

(Address)

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(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC HEALTH CENTER, CORP.
Name of Corporation

DOCUMENT NUMBER: P09000046218

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO A RODRIGUEZ PERAZA
Name of Contact Person

ATLANTIC HEALTH CENTER, CORP
Firm/Company

1335 SW 87 AVE
Address

MIAMI FLORIDA 33174
City/State and Zip Code

ALEJANDRO_73@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNESTO A RODRIGUEZ PERAZA at (305) 924-3695
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ATLANTIC HEALTH CENTER CORP
2. The principal office address: 1335 SW 87 AVE MIAMI FL 33174
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/31/2011 Document number: P09000046218
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ERNESTO A RODRIGUEZ PERAZA

ATLANTIC HEALTH CENTER CORP

1335 SW 87 AVE MIAMI FLORIDA 33174

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ERNESTO A RODRIGUEZ PERAZA

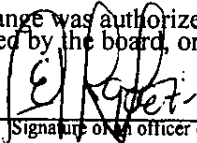
ATLANTIC HEALTH CENTER CORP

P.O. Box NOT acceptable

935 SW 122 AVE MIAMI FL 33184

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

ERNESTO A RODRIGUEZ PERAZA (Q)

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)