

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000064516

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ATLANTIC MEDICAL SPECIALTY, INC.

**Current Principal Place of Business:**

8009 NW 36 STREET  
234  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8009 NW 36 STREET  
234  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 43-1971812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARAICOA, CARLOS  
8009 NW 36 STREET  
234  
MIAMI, FL 33166 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: P  
Name: GARAICOA, CARLOS  
Address: 8009 NW 36 STREET #234  
City-St-Zip: MIAMI, FL 33166

Title: VP  
Name: LOPEZ, MARIA E  
Address: 8009 NW 36 STREET #234  
City-St-Zip: MIAMI, FL 33166

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: CARLOS GARAICOA

PRES

04/30/2012

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

\_\_\_\_\_  
Date