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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000040981 (1)

ATLANTIC HEALTHCARE MANAGEMENT GROUP, INC.

## FILED May 02 1997 8:00am Secretary of State

Principa Pla 7360 W ATLI MARGATE FL			Mailing Address 7360 W ATLANTIC BLVD MARGATE FL 33063-4206					
					3. Date Incorporated or Qualified 06/10/1993	3a. Date (		eport
2. Principa:	Place of Business	2a. Mailing Address		<del></del>	4. FEI Number	00/00/		plied For
21		26			65-0418492			t Applicable
Suite, Ap	et. #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		8 <b>.75</b> Fee Re	Additional
22 City & St	ate	City & State			6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added 1	
Zιρ	Country	Zip	Coun	try	8. This corporation has liability fo			199.032,
24	25	29	30			Yes I		
	9. Name and Address of Cur	rrent Registered Agent		II Name	10. Name and Address of New R	egistered Age	ent	
	Hamberlain, fred W 60 w atlantic blyd							·····
	ARGATE FL 33063		8	Street Add	dress (P.O. Box Number is Not Accepta	able)		
110	TIONIC I E COOL		8	13				
			١	14 City			E Zin	Code
				City		FL I	35   Zip i	Code
SIGNATURE					ation's board of directors. I hereby account when reinstature)		· · · · · · · · · · · · · · · · · · ·	
	Signature, typical or printed name of registeric	d agent and the Mapplicable (N			oired when reinslating)  ADDITIONS/CHANGES TO OFF	DATE		S IN 12
SIGNATURE 12.	Signature typed or purited name of registeric OFFICERS	d agent and little if applicable (N	NOTE Registered /	Agent signature requ	ired when reinstating)	DATE		
SIGNATURE  12. TIELE NAME	Signature typed or printed name of registeric OFFICERS  D  CHAMBERLAIN, FRED W	d agent and the Mapplicable (N	NOTE Registered A  13. 1.1 TITL 1.2 NAV	Agent signature requi	ired when reinstating)	DATE	RECTOR	
SIGNATURE  12. TIPLE NAME STREET ADDRESS	Signature: typical or printed name of rigisteric OFFICERS  D CHAMBERLAIN, FRED W 7380 W ATLANTIC BLVD	d agent and the Mapplicable (N	13. 1.1 TITL 1.2 NAN 1.3 STR	Agent signature requires	ired when reinstating)	DATE	RECTOR	
SIGNATURE  12. TIELE NAME	Signature typed or printed name of registeric OFFICERS  D  CHAMBERLAIN, FRED W	d agent and the Mapplicable (N	13. 1.1 TITL 1.2 NAN 1.3 STR	Agent signature required to the signature re	ired when reinstating)	DATE ICERS AND DI	RECTOR	Addition
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SIGNATURE  12.  TELF  NAME  STREET ADDIESS: CITY-SIT-719  INTU  NAME  SIREET ADDIESS: CITY-SIT-719	Signahee tysed of pinted name of rigisteric OFFICERS  D CHAMBERLAIN, FRED W 7360 W ATLANTIC BLVD MARGATE FL 33063 D FLEMING, BARBARA D	Hagent and line Happlicable (NAND DIRECTORS DELETE	13. 1.1 Titl 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY	Agent signature required to the signature re	ired when reinstating)	DATE	RECTOR Change	Addition
SIGNATURE  12. THEF  NAME  SPRET ADDRES  CITY-SI-7/2  THU  NAME  SIREET ADDRES  CITY-SI-7/2  THUE  THUE	Signature type: or printed name of rigisteric OFF ICERS  D CHAMBERLAIN, FRED W 7380 W ATLANTIC BLVD MARGATE FL 33063  D FLEMING, BARBARA D 7380 W ATLANTIC BLVD	d agent and the diapplicable (N AND DIRECTORS DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL	Agent signature required in the signature re	ired when reinstating)	DATE ICERS AND DI	RECTOR Change	Addition
SIGNATURE  12. THEF  NAME  STREET ADDIESS  CITY-SI-7/P  THEF  NAME  SIREET ADDIESS  CITY-SI-7/P  THEF  NAME	OFFICERS  D CHAMBERLAIN, FRED W 7380 W ATLANTIC BLVD MARGATE FL 33063 D FLEMING, BARBARA D 7380 W ATLANTIC BLVD MARGATE FL 33083	Hagent and line Happlicable (NAND DIRECTORS DELETE	13. 1.1 Titl 1.2 NAN 1.3 STR 1.4 CITY 2.1 Titl 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN	Agent signature required in the signature re	ired when reinstating)	DATE	RECTOR Change	Addition
SIGNATURE  12. THEF NAME STREET ADDRESS CITY-SI-769 HTU NAME SIREET ADDRESS CITY-SI-789 THEE	OFFICERS  D CHAMBERLAIN, FRED W 7380 W ATLANTIC BLVD MARGATE FL 33063 D FLEMING, BARBARA D 7380 W ATLANTIC BLVD MARGATE FL 33083	Hagent and line Happlicable (NAND DIRECTORS DELETE	13. 1.1 Titl 1.2 NAM 1.3 STRI 2.1 Titl 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI	Agent signature required in the signature re	ired when reinstating)	DATE	RECTOR Change	Addition
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tam 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 in Black 12 or Block 12 or Block 13 or of an attachment with an address.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

and the state of