

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040981

1. Entity Name

ATLANTIC HEALTHCARE MANAGEMENT GROUP, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90143 021 ***150.00

Principal Place of Business

Mailing Address

100 S. PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33324
US

100 S. PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33324-2614
US

2. Principal Place of Business

3. Mailing Address

8751 W. Broward Blvd
Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
Same

City & State
Plantation FL

City & State

4. FEI Number

65-0418492

Applied For

Not Applicable

Zip
33324

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLAIN, FRED W
100 S. PINE ISLAND ROAD
SUITE 118
PLANTATION FL 33324

Name: Bart Delsinger
Street Address (P.O. Box Number is Not Acceptable)
8751 W. Broward Blvd
Suite # 100
City: Plantation FL Zip Code: 33324

8. 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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D ☒ Delete
NAME: CHAMBERLAIN, FRED W
STREET ADDRESS: 100 S. PINE ISLAND ROAD, SUITE 118
CITY-ST-ZIP: PLANTATION FL 33324

TITLE: D ☒ Delete
NAME: FLEMING, BARBARA D
STREET ADDRESS: 100 S. PINE ISLAND ROAD, SUITE 118
CITY-ST-ZIP: PLANTATION FL 33324

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☒ Addition
NAME: Bart Delsinger
STREET ADDRESS: 8751 W. Broward Blvd
CITY-ST-ZIP: Plantation, FL. 33324

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000 954-382-0300

CR2E034 (9/99)