

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

995 MAY -1 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000061850 (2)

1. Corporation Name

ATLANTIC MEDICAL CONSULTING SERVICES, INC.

Principal Place of Business

103 CARISSA DR
SATELLITE BEACH FL 32937

Mailing Address

103 CARISSA DR
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1993

3a. Date of Last Report
04/27/1994

4. FEI Number
59-3200366

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for interstate tax under S. 193.092
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SWALSTAD, CLAYTON R
103 CARISSA DR
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or person named in this statement and the corporation)

(Signature of Registered Agent (signature required when registering))

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

PM
SWALSTAD, CLAYTON R
103 CARISSA DR.
SATELLITE BCH. FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

VS
SWALSTAD, DE ETTE L
103 CARISSA DR.
SATELLITE BCH. FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY ST ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY ST ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY ST ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY ST ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to conduct the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement with an address.

SIGNATURE: CLAYTON R. SWALSTAD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 1995

(407) 775-3852