

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000056092 (7)

1. Corporation Name

ATLANTIC HEALTH NETWORK IPA, INC.



Principal Place of Business

Mailing Address

603 VILLAGE BLVD., SUITE 300
WEST PALM BEACH FL 33409

603 VILLAGE BLVD., SUITE 300
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified

07/28/1994

3a. Date of Last Report

09/22/1995

4. FEI Number

65-0507355

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5500 Village Blvd

Suite, Apt. #, etc.

22 Suite 103

City & State

23 WEST PALM BEACH, FL

Zip

24 33407

Country

2a. Mailing Address

26 5500 Village Blvd

Suite, Apt. #, etc.

27 Suite 103

City & State

28 WEST PALM BEACH, FL

Zip

29 33407

Country

9. Name and Address of Current Registered Agent

MANKO, GENE
603 VILLAGE BLVD., SUITE 300
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

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

5500 Village Blvd

83

Suite 103

84 City

WEST PALM BEACH

FL

85 Zip Code

33407

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

GENE F. MANKO MD 4/17/96 407-697-4200

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHECHTMAN, TOMMY MD
STREET ADDRESS 603 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE TD ☐ DELETE

NAME STERN, DAVID DO
STREET ADDRESS 603 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE SD ☐ DELETE

NAME MANKO, GENE MD
STREET ADDRESS 603 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☒ DELETE

NAME FISHBANE, BRUCE M MD
STREET ADDRESS 603 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☒ DELETE

NAME BELL, TIMOTHY MD
STREET ADDRESS 603 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☒ DELETE

NAME WEISS, ROBERT MD
STREET ADDRESS 603 VILLAGE BLVD., SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5500 Village Blvd Suite 103
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5500 Village Blvd Suite 103
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 5500 Village Blvd Suite 103
3.4 CITY-ST-ZIP WEST PALM BEACH, FL 33407

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/96 407-697-4200

CR2E034 (12/95)