

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 # P94000056093 (5)

1. Corporation Name

ATLANTIC HEALTH NETWORK IGP, 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

06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 5500 Village Blvd

26 5500 Village Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 103

27 Suite 103

23 West Palm Beach, FL

28 West Palm Beach, FL

24 33407

29 33407

4. FEI Number

65-0507354

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

MANKO, Gene

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 607.0502 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]

GENE F. MANKO MD

4/17/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD SCHECHTMAN, TOMMY M.D.**
STREET ADDRESS **603 VILLAGE BLVD., SUITE 300**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

☒ 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**

TITLE ☐ DELETE
NAME **TD STERN, DAVID D.O.**
STREET ADDRESS **603 VILLAGE BLVD., SUITE 300**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

☒ 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**

TITLE ☒ DELETE
NAME **SD WEISS, ROBERT M.D.**
STREET ADDRESS **603 VILLAGE BLVD., SUITE 300**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D BELL, TOMOTHY M.D.**
STREET ADDRESS **603 VILLAGE BLVD., SUITE 300**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE ☐ DELETE
NAME **D MANKO, GENE W M.D.**
STREET ADDRESS **603 VILLAGE BLVD., SUITE 300**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

☒ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS **5500 Village Blvd Suite 103**
5.4 CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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

[Signature] **GENE F. MANKO MD**

4/17/96

DATE

407-697-4203

DAYTIME PHONE #

CR2E034 (12/95)