

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

APPROVED
AND
FILED

1996 MAY -1 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000041296 (1)

1. Corporation Name:

ATLAS MEDICAL CENTER, P.A.

Principal Place of Business

801 SOUTH STATE ROAD 7
PLANTATION FL 33317

Mailing Address

801 SOUTH STATE ROAD 7
PLANTATION FL 33317

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 County

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 County

3. Date Incorporated or Qualified
05/19/1995

3a. Date of Last Report

4. FEE Number

65-0585634

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

WEINBERG, STEVEN A
8000 PETERS ROAD
PLANTATION FL 33324

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 607.04(1) and 607.04(3), 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, Sections 607.04(1) and 607.04(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

500001830285
-05/20/96--01063--029
***200.00

REB
5-1-96

14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information submitted for this 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 in the name of the corporation for which this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change report in full agreement with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Barry I. Adler

Director

4/9/96 954-792-9544

CR2E034 (12/95)