## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

## **FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90233 006 \*\*\*150.00

DOCUMENT # P95000050805								
ATLANTIS TWO HEALTH CARE, INC					* 5 337438 - 90233 - 6 "			
					***			
Principal Place	e of Business	Mailing Address						
6266 S	.CONGRESS AVE STE#L16	6266 S.CONGRES	SS AV	E SI	re#L16			
LANTANA FL, 33462 LANTANA FL, 33462					DO NOT WRITE IN THIS SPACE			
		•				3. Date Incorporated or Qualifed 06/29/1995		
2. Principal P	lace of Business	2a. Mailing Address	,			4. FEI Number	<del></del>	plied For
21 26		100			1.74	65-0594579		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & Stat		City & State				6. Election Campaign Financing		<del></del>
23	.c	28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip				try		8. This corporation owes the current year Intangible		
24	25 29					Personal Property Tax. ☐ Yes ☐ No		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
DAVID	ABELLARD M.D			_	ame			
4617-19 LAKE WORTH R.D					reet Addre	ss (P.O. Box Number is Not Acceptable)		
LAKE WORTH FL,33463				33				
-			· 1 8	84 City FL 85 Zip Code			Code	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statutes Florida. Such change was aut ns of, Section 607.0505, Florid	s, the about thorized to da Statut	ove-na	med corpor corporation	ration submits this statement for the purpose on is board of directors. I hereby accept the appoint	changing its introent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	<u> </u>				when reinstating) /DATE/	19	
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P/T DELETE		1.1 TITLE				☐ Change	Addition
NAME	DAVID ABELLARD M.D 4617-19 LAKE WORTH RD		1.2 NAM	1.2 NAME				
STREET ADDRESS	LAKE WORTH FL, 33463		1.3 STREET ADDRESS		RESS			Į
CITY-ST-ZIP			1.4 CITY-ST-ZIP				☐ Change	Addition
TITLE	V/P DELETE MILLIEN, GERRY		2.1 TITLE				Criange	C) Addition
NAME	6266 S.CONGRESS AVE STE # L16		2.2 NAME		2502			
STREET ADDRESS	LATANA FL, 33402			2.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DELETE		_	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME		]			
STREET ADDRESS	ESS		3.3 STREET ADDRESS		RESS			
CITY-ST-ZIP			3.4. CITY					
TITLE	. DELETE		4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAV	tE				
STREET ADDRESS			4.3 STRE	ET ADD	RESS	•		
. CITY-ST-ZIP			4.4 CITY		<u> </u>			Physical Property of the Control of
TITLE	☐ DÉLETE		5.1 TETLE 5.2 NAME				☐ Change	Addition
NAME			5.3 STRE		RESS			
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP TITLE	DELETE			6.1 TITLE			☐ Change	Addition
NAME		_	6.2 NAMI	E			-	
STREET ADDRESS	`		6.3 STRE	ET ADDI	RESS			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

14. 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 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #