2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# P96000010526

Entity Name: ATLANTIC MENTAL HEALTH PROGRAM, INC.

Current Principal Place of Business:

447 NE 8TH STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

654 NE 9TH PLACE
HOMESTEAD, FL 33030

Current Mailing Address:

447 NE 8TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

654 NE 9TH PLACE
HOMESTEAD, FL 33030

FEI Number: 65-0645919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, AIDELYN
447 NE 8TH ST
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

LOPEZ, AIDELYN
654 NE 9TH PLACE
HOMESTEAD, FL 33030 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AIDELYN LOPEZ 01/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete
Name: LOPEZ, AIDELYN
Address: 3520 SW 128TH AVE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDELYN LOPEZ P 01/05/2007
Electronic Signature of Signing Officer or Director Date