## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90983 012 \*\*\*150.00

## DOCUMENT # P9700036976

1. Entity Name
ATLANTIC SHORES HEALTHCARE, INC.



						1	195						
Principal Place	e of Busines	Mailing Address											
621 NW 53R	D ST	621 NW 53RD ST					I						
STE 700			STE 700										
BOCA RATON	I, FL 33487	BOCA RATON, FL 33487					B (8)() (88)( 88)( 84)						
			r										
2. Principal P	lace of Busin	3. Mailing Address											
Suite, Apt.	# etc	Suite, Apt. #, etc.											
Collo, Apti	, C.O.		Gara, Apr. II. Sto.				04262005	Chg-P	CR2E	034 (10/03)			
City & State	e	City & State				4. FEI Numb	er		Ap	plied For			
								65-074	9307		No	t Applicable	
Zip Country			Zip Count			try	5. Certificate of Status Desired \$8.75 Additional						
					Fee Required								
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
BULFIN, JOHN J						Name							
621 NW 53					Street Address (P.O. Box Number is Not Acceptable)								
STE 700													
BOCA RA	TON, FL	33487											
		City					FL	Zip Cod	e				
• The share								- !					
<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>													
J	-	Ü											
SIGNATURE_	Signature bood	or printed name of registered agent a	and title if applic	cable (AKATE	- Booletero	d Accest signat		when reinstating)		DATE			
	Signature, types	or burness ustructor reflecteres schem e	I I I I I I I I I I I I I I I I I I I		: negistere	G Agent Signal	nia required	when reinstaung)	<del> </del>	UAIE			
eu	E NAWIII	FEE 10 0450 00	9	. Election Campai	an Finar	ncina	\$5	OO May Ba					
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees													
in the state of th								ADDITIONS	/CUANCEC TO	OFFICEDS AND	DIDECTOR	3.151.44	
TITLE	AT	OFFICERS AND I	DIRECTOR				<u> </u>	AUDITIONS	/CHANGES TO	OFFICERS ANI			
NAME	LLS DOICE				NAM		ļ				☐ Change	Addition Addition	
STREET ADDRESS		3RD ST STE 700		STREE									
CITY-ST-ZIP	BOCA RA	TON, FL 33487	CIT			-ST-ZIP							
TITLE	Т			☐ Delete		 E					☐ Change	☐ Addition	
NAME	O'ROURK	(E, JOHN G									_ ,		
STREET ADDRESS	621 NW 53RD ST STE 700				STRE	ET ADDRESS							
CITY-ST-ZIP	BOCA RA	TON, FL 33487		С									
TITLE	AS			☐ Delete	TITLE	E	PD				Change	★ Addition	
NAME	CARILLO, LOUIS V				NAME		Dor	MINICIS, JORGE A. I NW 53RD ST, STE 700					
STREET ADORESS CITY-ST-ZIP	621 NW 53RD ST STE 700 BOCA RATON, FL 33487					ET ADDRESS - ST-ZIP	621	I NW 53RD ST, STE 700 A RATON, FL 33487					
		(TON, FL 33467			150cm	1 KATON,	FL 334	87					
TITLE	DC	SEORCE C		Delete TIT							☐ Change	Addition	
NAME STREET ADDRESS	ZOLEY, GEORGE C 621 NW 53RD ST STE 700					ET ADDRESS							
CITY-ST-ZIP	-	TON, FL 33487		CITY-									
TITLE	SD Delete					·	5				Change	Addition	
NAME	BULFIN, JOHN J							EN JOH	v <del>J.</del>		M onange	☐ Addition	
STREET ADDRESS					STREET ADDRESS		621	NW 534	V I. 20 ST, STE	700			
CITY-ST-ZIP	BOCA RA		CITY-ST-ZIP		Boc.	A RATON, I	-L 33487	,					
TITLE	PD Delete					E	D				Change	Addition	
NAME	CALABRESE, WAYNE H			NAM			CALA	BRESE, W	BRESE. WAYNE H. W 53RD ST, STE 700				
STREET ADDRESS 621 NW 53RD ST STE 700				STREE				UW 53RD ST, STE 700 TRATON, FL 33487					
CITY-ST-ZIP							J						
12. Thereby of indicated	certify that th	e information supplied with rt or supplemental report is	this filing o	does not qualify for courate and that n	the exe	mption sta	ted in Se	ection 119.07(3)	(i), Florida Statu	ites. I further ce	rtify that the in	nformation or director	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all gither like empowered.

SIGNATURE

JOHN J. BULFIN

4/29/05 (56

(561) 999-7427