

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91781 009 ***150.00

0386239 AV

DOCUMENT # P97000036976

1. Entity Name

ATLANTIC SHORES HEALTHCARE, INC.



Principal Place of Business

~~4200 WACKENHUT DRIVE~~

~~#100~~

~~PALM BEACH GARDENS FL 33410-4243~~

Mailing Address

~~4200 WACKENHUT DRIVE~~

~~#100~~

~~PALM BEACH GARDENS FL 33410-4243~~

11041442



2. Principal Place of Business

621 NW 53RD STREET

Suite, Apt. #, etc.

SUITE 700

City & State

BOCA RATON, FL

Zip

33487

Country

USA

3. Mailing Address

621 NW 53RD STREET

Suite, Apt. #, etc.

SUITE 700

City & State

BOCA RATON, FL

Zip

33487

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0749307

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BULFIN, JOHN J

~~4200 WACKENHUT DRIVE~~

~~#100~~

~~PALM BEACH GARDENS FL 33410-4243~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

621 NW 53RD STREET, SUITE 700

City

BOCA RATON

FL

Zip Code

33487

8. 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.

SIGNATURE

John J. Bulfin
Signature (typed or printed name of registered agent and title if applicable.)

JOHN J. BULFIN, Secretary

(NOTE: Registered Agent signature required when reinstating)

4/29/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	BROWN, CAROL	
STREET ADDRESS	4200 WACKENHUT DR STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	T	<input type="checkbox"/> Delete
NAME	O'ROURKE, JOHN G	
STREET ADDRESS	4200 WACKENHUT DR STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	AV	<input type="checkbox"/> Delete
NAME	GREEN, IAN	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ZOLEY, GEORGE C	
STREET ADDRESS	4200 WACKENHUT DR STE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WOCKENHUT, RICHARD R	
STREET ADDRESS	4200 WACKENHUT DR., #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLOBRESE, WAYNE H	
STREET ADDRESS	4200 WACKENHUT DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Watson, David N.T.	
STREET ADDRESS	621 NW 53RD STREET, SUITE 700	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, JOHN G.	
STREET ADDRESS	621 NW 53RD STREET, SUITE 700	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carrillo, Louis V.	
STREET ADDRESS	621 NW 53RD STREET, SUITE 700	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOLEY, GEORGE C.	
STREET ADDRESS	621 NW 53RD STREET, SUITE 700	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULFIN, JOHN J.	
STREET ADDRESS	621 NW 53RD STREET, SUITE 700	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, WAYNE H.	
STREET ADDRESS	621 NW 53RD STREET, SUITE 700	
CITY-ST-ZIP	BOCA RATON, FL 33487	

12. 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 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 other like empowered.

SIGNATURE:

John J. Bulfin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

(561) 893-0101

Daytime Phone #

CR2E034 (10/02)