

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90031 022 ***158.75

DOCUMENT # P97000037083

1. Entity Name
HEALTHCARE ATLANTIC, INC.



Principal Place of Business
**2801 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134 US**

Mailing Address
**2801 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES, FL 33134 US**

54034429



2. Principal Place of Business
2100 Ponce de Leon Blvd.
Suite, Apt. #, etc.
Suite 950
City & State
Coral Gables, FL 33134
Zip
33134

3. Mailing Address
2100 Ponce de Leon Blvd.
Suite, Apt. #, etc.
Suite 950
City & State
Coral Gables, FL 33134
Zip
33134

01052004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0760298

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHANG, LEILA
2801 PONCE DE LEON BLVD - STE 600
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
2100 Ponce de Leon Blvd.
Street Address (P.O. Box Number is Not Acceptable)
Suite 950
City
Coral Gables, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, MICHAEL B 2801 PONCE DE LEON BLVD. STE. 600 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHANG, LEILA 2801 PONCE DE LEON BLVD. STE. 600 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Ponce De Leon Blvd. Suite 950 Coral Gables, FL. 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 Ponce de Leon Blvd. Suite 950 Coral Gables, FL. 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #