

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000037083

1. Entity Name
HEALTHCARE ATLANTIC, INC.



Principal Place of Business

2100 PONCE DE LEON BLVD., STE 950
CORAL GABLES, FL 33134 US

Mailing Address

2100 PONCE DE LEON BLVD., STE 950
SUITE 600
CORAL GABLES, FL 33134 US



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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
2100 PONCE DE LEON BLVD., STE 950
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME FERNANDEZ, MICHAEL B
STREET ADDRESS 2100 PONCE DE LEON BLVD., STE 950
CITY- ST- ZIP CORAL GABLES, FL 33134

TITLE D
NAME CHANG, LEILA
STREET ADDRESS 2100 PONCE DE LEON BLVD., STE 950
CITY- ST- ZIP CORAL GABLES, FL 33134

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CITY- ST- ZIP

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04/12/05-80024-011 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4-8-05

305 443-311