2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

Mailing Address 2100 PONCE DE LEON BLVD., STE 950 2100 PONCE DE LEON BLVD., STE 950 SUTE 600 CORAL GABLES, FL 33134 US	DOCUMENT # P97000037083 1. Entity Name HEALTHCARE ATLANTIC, INC.				Sec	ાલા	ry or State
DO NOT WRITE IN THIS SPACE 1. FEI Number 65-0760298 Applied For Not Applicable 5. Certificate of Status Desired 2. \$8.75 Additional Fee Required 1. 100 POINCE DE LEON BLVD., STE 950 CORAL GABLES, FL 33134 1. The above ramed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Poinca. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Poinca. I arm familiar with, and accept the obligations of registered agent, or both, in the State of Poinca. I arm familiar with, and accept the obligations of registered agent agreeum regular winn releastory) 1. FILE NOW!!! FEE IS \$150.00 1. After May 1, 2005 Fee will be \$550.00 1. ITILE MAKE 1. DEFINANCE, MINISTER, AND DIRECTORS 1. ITILE DO ORAL GABLES, FL 33134 1. CHANG, LEILA 2. 100 POINCE DE LEON BLVD., STE 950 1. OFFICERS, AND DIRECTORS 1. OFFICERS, AND	2100 PONCE DE LEON BLVD., STE 950 2100 CORAL GABLES, FL 33134 US SUITE	PONCE DE LEON BLVD., 600					
CHANG, LEILA 2100 PONCE DE LEON BLVD., STE 950 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 Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privide name of registered agent evid title if applicable PILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS INC. OFFICERS AND DIRECTORS Trust Fund Contribution. Definite OCAL GABLES, FL 33134 ITILE NMI SIRET ADDRESS CITY-ST-ZP ITILE OCAL GABLES, FL 33134 ITILE OCAL GABLES, FL 33134 ITILE INTE NMI SIRET ADDRESS CITY-ST-ZP ITILE MAKE SIRET ADDRESS CITY-ST-ZP ITILE IN THIS SPACE			CE	01062005 4. FEI Numbe 65-076	No Chg-P er 0298	CR2E0	34 (10/03) Applied For Not Applicable \$8.75 Additional
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12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutas. 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 expression of the receiver of trustee empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

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Daytime Phone #

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