

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000037083

Entity Name: HEALTHCARE ATLANTIC, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0760298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FERNANDEZ, MICHAEL B  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: CHANG, LEILA  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FERNANDEZ, MIGUEL B  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P (X) Change ( ) Addition  
Name: CHANG, LEILA  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DS ( ) Change (X) Addition  
Name: PADRON, CARLOS  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: DCFT ( ) Change (X) Addition  
Name: CABRERA, MARCIO  
Address: 2100 PONCE DE LEON BLVD., STE 950  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL B. FERNANDEZ

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date