

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000037083

FILED
Aug 22, 2005
Secretary of State**Entity Name:** HEALTHCARE ATLANTIC, INC.**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:**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131 US

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: NERY C. TOLEDO, ASSISTANT SECRETARY

08/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: CABRERA, MARCIO C
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: MARCIO C. CABRERA

DPT

08/22/2005

Electronic Signature of Signing Officer or Director

Date