

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037083

Entity Name: HEALTHCARE ATLANTIC, INC.

FILED
Apr 25, 2008
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:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

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

Title: DPT () Delete
Name: CABRERA, MARCIO C
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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 FERNANDEZ

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date