

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037083

FILED
Jan 05, 2009
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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

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

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: DONOHUE, FAY
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: D&O (X) Change () Addition
Name: MA, PATRICIA C SECRETA
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

Title: D&O (X) Change () Addition
Name: POLLOCK, STEVEN J PRESIDE
Address: 12121 NORTH CORPORATE PARKWAY
City-St-Zip: MEQUON, WI 53092 US

Title: O () Change (X) Addition
Name: RIVAS, LOURDES T VP
Address: 2100 PONCE DE LEON BLVD., STE 950
City-St-Zip: CORAL GABLES, FL 33134 US

Title: O () Change (X) Addition
Name: PRINCE, HOLLY TREASUR
Address: 2100 PONCE DE LEON BLVD., STE 950
City-St-Zip: CORAL GABLES, FL 33134 US

Title: O () Change (X) Addition
Name: SHEEHAN, JOHN J ASST TR
Address: 465 MEDFORD STREET
City-St-Zip: BOSTON, MA 02129 US

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: PATRICIA C. MA

SECR

01/05/2009

Electronic Signature of Signing Officer or Director

Date