

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

0228477 AV

DOCUMENT # P97000037083

1. Entity Name
HEALTHCARE ATLANTIC, INC.



Principal Place of Business
2801 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES FL 33134
US

Mailing Address
2801 PONCE DE LEON BLVD
SUITE 600
CORAL GABLES FL 33134
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0760298**

☐ **Applied For**
☐ **Not Applicable**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANG, LEILA
2801 PONCE DE LEON BLVD - STE 600
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FERNANDEZ, MICHAEL B**
STREET ADDRESS **2801 PONCE DE LEON BLVD. STE. 600**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHANG, LEILA**
STREET ADDRESS **2801 PONCE DE LEON BLVD. STE. 600**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03
Date

305 443-3111
Daytime Phone #

CR2E034 (10/02)