

02 "AMENDED"
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P97000070154
1. Entity Name
ATLANTIC HEALTH DEVELOPMENT CORPORATION

02 NOV 13 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **7200**
~~7800 NE 8TH AVENUE~~ **NE 8TH AVE**
Suite, Apt. #, etc.
City & State
BOCA RATON, FLORIDA
Zip
33487
Country
PALM BEACH

3. Mailing Address **7200 NE**
~~7800 NE 8TH AVENUE~~ **8TH AVE**
Suite, Apt. #, etc.
City & State
BOCA RATON, FLORIDA
Zip
33487
Country
PALM BEACH

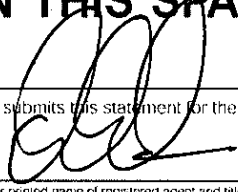
DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0724589**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **DAN GOEBEL**
Street Address (P.O. Box Number is Not Acceptable)
7800 NE 8TH AVENUE
City **BOCA RATON**

**SIGN
HERE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the
SIGNATURE  **10/29/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

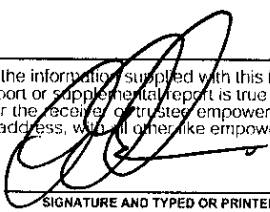
10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOEBEL, DAN (D, P, S) 7800 NE 8TH AVENUE BOCA RATON, FLORIDA 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000008966210 11/13/02--01046--008 **61.25
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CR2E034B (12/01)

**SIGN
HERE**

13. I hereby certify that the information supplied with this filing does not
indicated on this report or supplemental report is true and accurate
of the corporation or the officer or director empowered to execute this report
attachment with an address, with all other like empowered.

SIGNATURE:  **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02 **(561) 441-4141**
Date Daytime Phone