

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000070154**



1. Entity Name
ATLANTIC HEALTH DEVELOPMENT CORPORATION

**FILED
Feb 12, 2003 8:00 am
Secretary of State**

02-12-2003 90119 030 ***150.00



Principal Place of Business
**7200 NE 8TH AVE
BOCA RATON FL 33487
US**

Mailing Address
**7200 NE 8TH AVE
BOCA RATON FL 33487**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES
65-0724589 Applied For
 Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOEBEL, DAN
7800 NE 8TH AVE
BOCA RATON FL 33487**

W1005

Name **GOEBEL, DAN**

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

7200 NE 8TH AVE

City **Boca Raton**

FL **33487**

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 *Dan Goebel*

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/10/03**

**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
Trust Fund Contribution. \$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE DPS
NAME GOEBEL, DAN
STREET ADDRESS 7800 NE 8TH AVE
CITY-ST-ZIP BOCA RATON FL 33487**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

Delete

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CITY-ST-ZIP**

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Delete

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

Change Addition

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: *Dan Goebel*

CONFIRMATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03

821.441.4141

Date

Daytime Phone #

CR2E034 (10/02)