

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070240

1. Entity Name

ATLAS HEALTHCARE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90994 009 ***150.00

Principal Place of Business

701 BRICKELL AVENUE
 SUITE 3120
 MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
 SUITE 3120
 MIAMI FL 33131-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0773497**

Applied For
 Not Applicable

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

RILEY, MICHAEL
 701 BRICKELL AVENUE
 SUITE 3120
 MIAMI FL 33131

Name
Corporate Creations Enterprises, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
941 Fourth Street #200
 City **Miami Beach** **FL** Zip Code **33139**

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.

SIGNATURE *[Signature]* L.A. URRIANTE, PRES. 4/27/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
O'CONNOR, SEAN P. ☒ Delete
4255 ROUTE 9, SUITE D
FREEHOLD NJ 07728

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PDST ☐ Change ☒ Addition
Farkas, Michael D
701 Brickell Avenue STE 3120
Miami, FL 33131

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Michael D. Farkas**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000
 Date

Daytime Phone #

CR2E034 (9/99)