PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9700086501**1. Corporation Name

ATLANTIC HEALTH CARE MANAGEMENT COMPANY, INC.

	Principal Place of Business
ı	

Mailing Address

7060 SW 8 STREET MIAMI FL

7060 SW 8 STREET MIAMI FL

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90001 029 ***158.75



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed				
						10/07/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		plied For		
21		26				65-0787622		ot Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired		
22		27								
City & State	е	City & State				6. Election Campaign Financing		May Be		
23	28			.4		Trust Fund Contribution		to Fees		
Zip	Country	Zip	Cour	шу		8. This corporation owes the current	year Intangible	⊠No		
24	25		30			Personal Property Tax. Li Yes MNo 10. Name and Address of New Registered Agent				
· .	Name and Address of Curren	it Registered Agent		81 Name						
STEINMEYER, JON H										
	SW 8 STREET	• .	Γ	82 5	Street Addres	ss (P.O. Box Number is Not Acceptable	∍)			
			1	83		The state of the s	- 11 441 - 12 6 4 15 1 2 1 1	99185 657 (00)		
MIAM	MI FL			63						
			ŀ	84 (City	किंगि स्वयं शेलको हरके। -		Code ²¹²¹¹		
						·				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's located of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typed or printed name of registered aget	()		Agent si	gnature required v	when reinstating)	DATE	NDO IN 42		
12.		ID DIRECTORS	13.		——·r	ADDITIONS/CHANGES TO OFFIC	Change	Addition		
TITLE	D	_		1.1 TITLE		3				
NAME	STEINMEYER, JON H		1.2 NA				:	ŀ		
STREET ADDRESS	7060 SW 8 STREET		1.3 STF	REETAD	DORESS	•	V	Ĭ		
CITY-ST-ZIP	MIAMI FL		_	Y-ST-Z	IP I	·	☐ Change	Addition		
TITLE		☐ DELETÉ	2.1 TITI	LE			□ Criange	Addition		
NAME			2.2 NA	ME		•		,		
STREET ADDRESS			2.3 STF	REET AD	ODRESS	e de la companya de l	:			
CITY-ST-ZIP			2. 4 CI1	Y-ST-Z	ZIP					
TITLE	-	☐ DELETE	3.1 TITI	LΕ			Change	Addition		
NAME	State of the state		3.2 NA	ME			4			
STREET ADDRESS	i		3.3 STF	REET AD	DDRESS	\$17.50 May 1	[8] [編] (謝護·爾)。[8]	33 87 85 165		
CITY-ST-ZIP	1		3.4. CIT	TY-ST-Z	ZIP	一	法持续的法律			
TITLE		☐ DELETE	4,1 TITI	LE		· "一,一套线、海绵、红色、绿绿	Change	Addition		
NAME			4. 2 NA	ME						
STREET ADDRESS			4.3 STF	REETAD	DORESS	-				
CITY-ST-ZIP			4.4 CIT	Y-ST-Z	IP					
TITLE		☐ DELETE	5.1 TIT	LE		•	Change	☐ Addition		
NAME			5.2 NA	ME	1			i		
STREET ADDRESS			5.3 STF	REETAD	DORESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-Z	IP	. 1				
TITLE		☐ DELETE	6.1 TIT	LE			☐ Change	☐ Addition		
NAME	,		6.2 NA	ME				}		
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CITY OT 7ID			6.4 CIT	Y-\$T-Z	up		•			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.