


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90038 037 ***158.75

DOCUMENT # P97000086501 1. Entity Name ATLANTIC HEALTH CARE MANAGEMENT COMPANY, INC.	
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Principal Place of Business 7060 SW 8 STREET MIAMI, FL	Mailing Address 7060 SW 8 STREET MIAMI, FL
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DO NOT WRITE IN THIS SPACE



07202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0787622	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINMEYER, JON H
7060 SW 8 STREET
MIAMI, FL

**DO NOT WRITE
IN THIS SPACE**

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 Jon H. Steinmeyer (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINMEYER, JON H 7060 SW 8 STREET MIAMI, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jon H. Steinmeyer 7-20-07 305-261-1363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #