

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/21/08--01053--002 **158.75

DOCUMENT # P97000086501

1. Corporation Name
Atlantic Health Care Management Company, Inc.

2. Principal Office Address - No P.O. Box # 7060 SW 8th Street Suite, Apt. #, etc.		3. Mailing Office Address 7060 SW 8th Street Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip	Country United States	Zip	Country United States

4. Date Incorporated or Qualified To Do Business in Florida 10/07/1997	
5. FEI Number 65-0787622	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CR2E081 (12/07)

7. Name and Address of Current Registered Agent

Name
Steinmeyer, Jon H.

Street Address (P.O. Box Number is Not Acceptable)
7060 SW 8th Street

Suite, Apt. #, Etc.

City Miami	State FL	Zip Code
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 6-18-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	Steinmeyer, Jon H.	7060 SW 8th Street	Miami, FL

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Jon H. Steinmeyer 6-18-08 305-261-4163

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