


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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.

City & State

Miami, FL

Zip

Country

United States

3. Mailing Office Address

7060 SW 8th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1997

5. FEI Number

65-0787622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

☐ 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

REGISTERED AGENT MUST SIGN

Date

6-18-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jon H. Steinmeyer

6-18-08

305-261-4163

FILED

2008 JUL 21 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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