

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000086501

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC HEALTH CARE MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

7060 SW 8 STREET  
MIAMI, FL

**New Principal Place of Business:**

7060 SW 8 STREET  
MIAMI, FL 33144

**Current Mailing Address:**

7060 SW 8 STREET  
MIAMI, FL

**New Mailing Address:**

7060 SW 8 STREET  
MIAMI, FL 33144

**FEI Number:** 65-0787622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEINMEYER, JON H  
7060 SW 8 STREET  
MIAMI, FL US

**Name and Address of New Registered Agent:**

STEINMEYER, JON H  
7060 SW 8 STREET  
MIAMI, FL 33144 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEINMEYER, JON H  
Address: 7060 SW 8 STREET  
City-St-Zip: MIAMI, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEIMEYER H JON

PD

04/28/2010

Electronic Signature of Signing Officer or Director

Date