	E ON OR BEFORE 09/15/99; \$550 (IF			~	ŭ
COR	PROFIT PORATION JAL REPORT		TMENT OF STATE	FILED LING FARY OF STATE FIGURE OF CORPORATION	.
•	1999	· · · · · · · · · · · · · · · · · · ·	ORPORATIONS	99 OCT 12 AM ID: 27	
	MENT # P980	00083212			
1. Corporatio	TIC MEDICAL CONCEPTS				
Principal Plac	e of Business	Mailing Address			
123 N CONGR BOYNTON BE	IESS AVENUE. #108 ACH FL 33426	123 N CONGRESS AVENUE. #108 BOYNTON BEACH FL 33426		05-06-99 90212 017 b	150.00
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				09/24/1998 4. FEI Number	
2. Principal P	lace of Business	2a. Mailing Address		165-0865119	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Degree 1	5 Additional Required
City & Stat	te	City & State		Election Campaign Financing \$5.0	00 May Be
[23] Zip	Country		Country	Trust Fund Contribution	ed to Fees
[24]	9. Name and Address of Cu		30	Intangible Personal Property. Yes 10. Name and Address of New Registered Agent	No
A4111	LLIN, JAMES G		81 Name	The state of the s	
226	3 N.W. BOCA RATON BOUL	EVARD, #205	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOO	CA RATON FL 33431		83		
			84 City	FL 85 Z	ip Code
11. Pursuant office or	t to the provisions of sections 607, registered agent, or both, in the S	0502 and 607.1508, Florida Statutes State of Florida. Such change was at	, the above-named corporation	pration submits this statement for the purpose of changing its ion's board of directors. I hereby accept the appointment as	registered registered
agent. I: SIGNATURE	em familiar with, and accept the c	bligations of, section 607.0505, Flo	ida Statutes.		-
0.0	Signature typed or printed name of registere				
12.			TE: Registered Agent signature red	quired when reinstating) DATE	
12 .	OFFICERS D	d agent and title if applicable (NO) S AND DIRECTORS DELETE	13, 1.1 TITLE	.,	
TITLE NAME	D COMEAUX, JEAN-PIERRE	S AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	guired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE NAME STREET ADDRESS	D OFFICERS D COMEAUX, JEAN-PIERRE 123 N CONGRESS AVENU	S AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	guired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
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SIGNATURE:

NAME STREELADDRESS

CITY-ST-ZIP

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.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



· Atlantic Medical Concepts Inc.

October 7, 1999

DIVISION OF CORPORATIONS ANNUAL REPORT FILINGS P O BOX 1500 TALLAHASSEE FL 32302-1500

Re: Atlantic Medical Concepts, Inc.

FEI: 65-0865119

Please find enclosed a copy of the second notice I received regarding Atlantic Medical Concepts, Inc. I called the Division of Corporations because I was unaware that there was a problem with my original filing from May 1, 1999 as the check for \$150.00 was cashed. I was informed that a letter was sent to me on May 11, 1999. I did not receive the letter sent in May, but I was told the issue was that box 4 was not completed.

Enclosed is the second notice with the box 4 completed. If there is anything further I need to do to have the company reinstated, please contact my office manager, Toni at (561) 733-5603.

Thank you for your prompt attention to this matter.

Sincerely,

Jean-Pierre Comeaux

Secutour Comeanix

Director