

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083212

1. Entity Name

ATLANTIC MEDICAL CONCEPTS, INC.



Principal Place of Business

123 N CONGRESS AVENUE, #108  
BOYNTON BEACH FL 33426

Mailing Address

123 N CONGRESS AVENUE, #108  
BOYNTON BEACH FL 33426

2. Principal Place of Business

3. Mailing Address

1732 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 314

City & State

City & State

Palm Springs FL

Zip

Country

Zip

Country

33461

USA

REINSTATEMENT 03-04

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0865119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIN, JAMES G

2263 N.W. BOCA RATON BOULEVARD, #205  
BOCA RATON FL 33431

Name

William Feld

Street Address (P.O. Box Number is Not Acceptable)

1732 S. CONGRESS AVE,

SUITE 314

City

Palm Springs

FL

Zip Code

33461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME COMEAUX, JEAN-PIERRE  
STREET ADDRESS 1722-A S. CONGRESS AVE  
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400028743584  
CITY-ST-ZIP 02/13/04--01044--021 \*\*900.00

TITLE P ☐ Delete  
NAME FELD, WILLIAM D  
STREET ADDRESS 1722 NS CONGRESS AVE  
CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0083051 AV

CR2E034 (4/03)