

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035947

FILED
Jan 16, 2006
Secretary of State

Entity Name: ATRIUM FAMILY CENTER, INC.

Current Principal Place of Business:

4801 S. UNIVERSITY DR. STE. 2040
DAVIE, FL 33328

New Principal Place of Business:

4801 S. UNIVERSITY DR. STE. 265
DAVIE, FL 33328

Current Mailing Address:

4801 S. UNIVERSITY DR. STE. 2040
DAVIE, FL 33328

New Mailing Address:

4801 S. UNIVERSITY DR. STE. 265
DAVIE, FL 33328

FEI Number: 65-0919494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAIONE, PAUL
4801 S. UNIVERSITY DR. STE. 2040
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

MAIONE, PAUL
4801 S. UNIVERSITY DR. STE. 265
DAVIE, FL 33328 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: PAUL MAIONE

01/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAIONE, PAUL
Address: 4801 S. UNIVERSITY DR. STE. 2040
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAIONE, PAUL
Address: 4801 S. UNIVERSITY DR. STE. 265
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL MAIONE

DR.

01/16/2006

Electronic Signature of Signing Officer or Director

Date