

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000067938

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** ATLANTIC HEALTHCARE CONSULTING, INC.

**Current Principal Place of Business:**

240 EAGLE ESTATES DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530787  
DEBARY, FL 32753

**New Mailing Address:**

**FEI Number:** 59-3592211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERZOG, LP  
240 EAGLE ESTATE DRIVE  
DEBARY, FL 32713 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HERZOG, LP  
Address: PO BOX 530787  
City-St-Zip: DEBARY, FL 32753

Title: TS  
Name: SWAIN, W. STEWART  
Address: PO BOX 71030  
City-St-Zip: MYRTLE BEACH, SC 29572

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: LP HERZOG

P

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date