

FILED  
May 19 1997 8:00am  
Secretary of State

**DOCUMENT # S97059**  
1. Corporation Name  
**ATLANTIC MEDICAL D.M.E., INC.**

(7)

**Mailing Address**  
**13300 N.W. 8 STREET**  
**MIAMI FL 33182-1822**

4. FBI Number	Applied For
65-0295904	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☒ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

es (P.O. Box Number is Not Acceptable)

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FL 85 Zip Code

ation submits this statement for the purpose of changing its registered  
on's board of directors. I hereby accept the appointment as registered

\_\_\_\_\_  
DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change    ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (9/96)

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

0247746