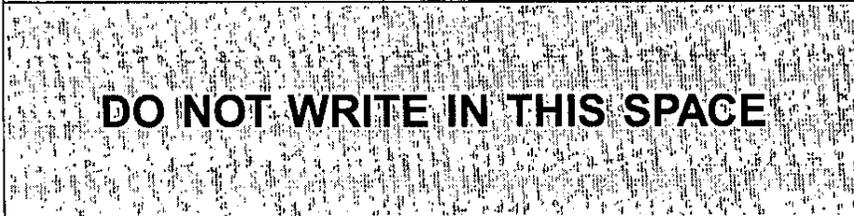


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # V35052 1. Entity Name ATLANTIC HEALTHCARE CONSULTANTS, INC.	
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Principal Place of Business 1160 MEADOWBROOK RD NE PALM BAY, FL 32905	Mailing Address P.O. BOX 100290 PALM BAY, FL 32910
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01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3133845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, LINDA B
1160 MEADOWBROOK RD NE
PALM BAY, FL 32905



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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE P	BROWN, CHARLES V 1160 MEADOWBROOK RD NE PALM BAY, FL 32905
TITLE ST	BROWN, LINDA B 1160 MEADOWBROOK RD NE PALM BAY, FL 32905
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Linda B Brown* LINDA B BROWN 2/9/07 321-733-2966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #