

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V35052

FILED  
Feb 11, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1160 MEADOWBROOK RD NE  
PALM BAY, FL 32905

**New Principal Place of Business:**

1160 MEADOWBROOK RD NE  
PALM BAY, FL 32905 US

**Current Mailing Address:**

1160 MEADOWBROOK RD NE  
PALM BAY, FL 32905

**New Mailing Address:**

1160 MEADOWBROOK RD NE  
PALM BAY, FL 32905 US

**FEI Number:** 59-3133845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BROWN, CHARLES V  
**Address:** 1160 MEADOWBROOK RD NE  
**City-St-Zip:** PALM BAY, FL 32905

**Title:** ST  
**Name:** BROWN, LINDA B  
**Address:** 1160 MEADOWBROOK RD NE  
**City-St-Zip:** PALM BAY, FL 32905

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:** LINDA B BROWN

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02/11/2010

Electronic Signature of Signing Officer or Director

Date