

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90116 035 ***150.00

DOCUMENT # V35052

1. Entity Name
ATLANTIC HEALTHCARE CONSULTANTS, INC.



Principal Place of Business
**309 HIBISCUS TRAIL
MELBOURNE BEACH FL 32951**

Mailing Address
**309 HIBISCUS TRAIL
MELBOURNE BEACH FL 32951**

2. Principal Place of Business
1160 MEADOWBROOK RD NE

3. Mailing Address
P.O. BOX 100290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PALM BAY, FL

City & State
PALM BAY, FL

4. FEI Number
59-3133845

Applied For
Not Applicable

Zip
32905-5048

Country
BREVARD

Zip
32910-0290

Country
BREVARD

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

6. Name and Address of Current Registered Agent

**BROWN, CHARLES V.
309 HIBISCUS TRAIL
MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name **LINDA B BROWN**
Street Address (P.O. Box Number is Not Acceptable)
1160 MEADOWBROOK RD NE
City **PALM BAY** State **FL** Zip Code **32905-5048**

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 **LINDA B BROWN, TREASURER**

Signature, typed or printed name of registered agent and title if applicable.

Linda B Brown

(NOTE: Registered Agent signature required when reinstating)

3/18/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BROWN, CHARLES V**
STREET ADDRESS **309 HIBISCUS TRAIL**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE **ST** ☐ Delete
NAME **BROWN, LINDA B**
STREET ADDRESS **309 HIBISCUS TRAIL**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1160 MEADOWBROOK RD NE**
CITY-ST-ZIP **PALM BAY FL 32905-5048**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1160 MEADOWBROOK RD NE**
CITY-ST-ZIP **PALM BAY FL 32905-5048**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 (321) 933-2966
Date Daytime Phone #

CR2E034 (10/02)