

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L12626

**Entity Name:** ATLANTIC ALLCARE, INC.

**Current Principal Place of Business:**

817 EAST HILLSBORO BLVD  
2ND FLOOR  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

817 EAST HILLSBORO BLVD  
2ND FLOOR  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 65-0138879

**Certificate of Status Desired:** No

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

KATHLEEN K. KEE  
817 EAST HILLSBORO BLVD  
2ND FLOOR  
DEERFIELD BEACH, FL 33441 US

*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

**Officer/Director Detail :**

Title PSD  
Name KATHLEEN K. KEE  
Address 817 EAST HILLSBORO BLVD, 2ND  
FLOOR  
City-State-Zip: DEERFIELD BCH FL 33441

Title VPTD  
Name CHARLES C. FARTHING IV  
Address 817 EAST HILLSBORO BLVD, 2ND  
FLOOR  
City-State-Zip: DEERFIELD BCH FL 33441

*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:** CHARLES C FARTHING, IV

VP

03/19/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date