

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041397

Entity Name: ATLANTIC COAST MEDICAL CARE, INC.

Current Principal Place of Business:

12187 BEACH BLVD.

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JACKSONVILLE, FL 32246

Current Mailing Address:

12187 BEACH BLVD.

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JACKSONVILLE, FL 32246

FEI Number: 59-3714187

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYES, DENNIS EESQ.

2320 THE WOODS DRIVE WEST

JACKSONVILLE, FL 32246 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 DR.

Name ROSENSTEIN, SCOTT C

Address 12187 BEACH BLVD.

City-State-Zip: JACKSONVILLE FL 32246

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: SCOTT ROSENSTEIN

DR.

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date