

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000016998

**Entity Name:** FIRSTLANTIC HEALTHCARE, INC OF NORTH FLORIDA

**Current Principal Place of Business:**

2605 WEST ATLANTIC AVE  
BUILDING A 202  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

2605 WEST ATLANTIC AVE  
BUILDING A 202  
DELRAY BEACH, FL 33445 US

**FEI Number:** 26-4394954

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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                      D  
Name                      DELSING, BART  
Address                      2605 WEST ATLANTIC AVE, BLDG A  
                                    202  
City-State-Zip:              DELRAY BEACH FL 33445

Title                      D  
Name                      MALONEY, JOHN  
Address                      2605 WEST ATLANTIC AVE, BLDG A  
                                    202  
City-State-Zip:              DELRAY BEACH FL 33445

*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:** BART DELSING

VP

02/10/2025

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

\_\_\_\_\_  
Date