

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000064414

**Entity Name:** ATLANTIC MEDICAL CARE, INC.

**Current Principal Place of Business:**

4483 NORTH STATE RD 7  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4483 N STATE RD 7  
LAUDERDALE LAKE, FL 33319 US

**FEI Number:** 46-3474378

**Certificate of Status Desired:** No

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

DAZILE, SERGE  
2800 WEST OAKLAND PK BLVD  
SUITE 209B  
OAKLAND PARK, FL 33311 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:** SERGE DAZILE

05/01/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P T, S  
Name DAZILE, SERGE  
Address 2800 WEST OAKLAND PK BLVD  
SUITE 209B  
City-State-Zip: OAKLAND PARK FL 33311

*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:** SERGE R DAZILE

MGR

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date