

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000019410

Entity Name: ATLANTIS CLINIC PA

Current Principal Place of Business:

3705 TAMPA RD 22
OLDSMAR, FL 34677

Current Mailing Address:

3705 TAMPA RD 22
OLDSMAR, FL 34677 US

FEI Number: 65-0476148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIPMAN, HOWARD NIII
510 SHORE DR E
OLDSMAR, FL 34677 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 P
Name CHIPMAN, HOWARD
Address 3705 TAMPA RD STE 22
City-State-Zip: OLDSMAR FL

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: HOWARD CHIPMAN

PRESIDENT

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date