

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004472

Entity Name: ATLANTIC HEALTH PARTNERS, INC.

Current Principal Place of Business:

6901 PROFESSIONAL PARKWAY EAST
SUITE 200
SARASOTA, FL 34240

Current Mailing Address:

6901 PROFESSIONAL PARKWAY EAST
SUITE 200
SARASOTA, FL 34240 US

FEI Number: 47-4957232

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CS
Name STIPANCICH, JOHN K
Address 6901 PROFESSIONAL PKWY E, STE.
200
City-State-Zip: SARASOTA FL 34240

Title PD
Name SONI, PAUL
Address 6901 PROFESSIONAL PKWY E, STE.
200
City-State-Zip: SARASOTA FL 34240

Title D
Name HUMPHREY, JOHN
Address 6901 PROFESSIONAL PKWY E, STE.
200
City-State-Zip: SARASOTA FL 34240

Title VP
Name BUHSMER, JACK
Address 6901 PROFESSIONAL PKWY E, STE.
200
City-State-Zip: SARASOTA FL 34240

Title PRESIDENT
Name SICILIAN, MICHAEL
Address 6901 PROFESSIONAL PARKWAY
EAST
SUITE 200
City-State-Zip: SARASOTA FL 34240

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: JOHN K. STIPANCICH

SECRETARY

04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date