

**2018 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 D, VP, SECRETARY  
Name STIPANCICH, JOHN K  
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**

**04/26/2018**

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

\_\_\_\_\_  
Date