2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# F97000001620

Entity Name: APS HEALTHCARE BETHESDA, INC.

Current Principal Place of Business:

44 SOUTH BROADWAY
WESTCHESTER ONE SUITE 1200
WHITE PLAINS, NY 10601

New Principal Place of Business:

Current Mailing Address:

C/O HIQ COMPANIES
715 ST. PAUL STREET
BALTIMORE, MD 21202

New Mailing Address:

44 SOUTH BROADWAY
WESTCHESTER ONE SUITE 1200
WHITE PLAINS, NY 10601

FEI Number: 42-1413902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VACCARO, JEROME V
Address: 44 SOUTH BROADWAY SUITE 1200
City-St-Zip: WHITE PLAINS, NY 10601

Title: TD ( ) Delete
Name: MCDONOUGH, JOHN
Address: 44 SOUTH BROADWAY SUITE 1200
City-St-Zip: WHITE PLAINS, NY 10601

Title: S ( ) Delete
Name: TICHY, JOYCE
Address: 44 SOUTH BROADWAY SUITE 1200
City-St-Zip: WHITE PLAINS, NY 10601

Title: D ( ) Delete
Name: SURLES, RICHARD
Address: 44 SOUTH BROADWAY SUITE 1200
City-St-Zip: WHITE PLAINS, NY 10601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOYCE TICHY S 06/15/2009

Electronic Signature of Signing Officer or Director Date