## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F97000001620

Entity Name: APS HEALTHCARE BETHESDA, INC.

FILED Feb 14, 2003 Secretary of State

	Current Principal Place of Business:	New Principal Place of Business
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6705 ROCKLEDGE DRIVE., #200

BETHESDA, MD 20817

8403 COLESVILLE ROAD
SUITE 1600

SILVER SPRING, MD 20910

Current Mailing Address: New Mailing Address:

516 N. CHARLES ST., #500 516 NORTH CHARLES STREET BALTIMORE, MD 21201 5TH FLOOR BALTIMORE, MD 21201

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

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

HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE., #200 TALLAHASSEE, FL 32301 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

## Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition BARNES, PAUL D PHD KESSLER, KENNETH A M.D. Name: Name: 6705 ROCKLEDGE DRIVE., #200 8403 COLESVILLE ROAD Address: Address: City-St-Zip: BETHESDA, MD 20817 City-St-Zip: SILVER SPRING, MD 20910

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: TARANTINO, LAURA F TARANTINO, LAURA F

Address: 6705 ROCKLEDGE DRIVE., #200 Address: 8403 COLESVILLE ROAD City-St-Zip: BETHESDA, MD 20817 City-St-Zip: SILVER SPRING, MD 20817

Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: ACHILLARE, VINCENT Name: MCINTYRE, BRETT

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 BETHESDA, MD 20817
 City-St-Zip:
 SILVER SPRING, MD 20910

Title: CEOD () Delete Title: CEOD (X) Change ( ) Addition KESSLER, KENNETH KESSLER, KENNETH A M.D. Name: Name: Address: 6705 ROCKLEDGE DRIVE., #200 Address: 8403 COLESVILLE ROAD City-St-Zip: BETHESDA, MD 20817 City-St-Zip: SILVER SPRING, MD 20910

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAURA F TARANTINO S 02/14/2003