2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006
Secretary of State

DOCUMENT# N05000004248

Entity Name: A.P.A.C.C., INC.

Current Principal Place of Business:

17031 S. DIXIE HWY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

17031 S. DIXIE HWY
MIAMI, FL 33157

New Mailing Address:

13104 SW 25 PLACE
DAVIE, FL 33325

FEI Number: 76-0790693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MICHEL, IMMACULA MD
17031 S. DIXIE HWY
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

MICHEL, IMMACULA MD
13104 SW 25 PLACE
DAVIE, FL 33325 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: _____ 06/06/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MICHEL, IMMACULA MD
Address: 17031 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: MICHEL, JEAN-LUC MD
Address: 17031 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: MICHEL, DOREEN MD
Address: 17031 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: GREEN, PAMELA PHD
Address: 17031 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: ALLEN, NICHOLAS
Address: 17031 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: MICHEL, STEPHANIE M
Address: 17031 S. DIXIE HWY
City-St-Zip: MIAMI, FL 33157

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:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IMMACULA MICHEL, MD CEO 06/06/2006
Electronic Signature of Signing Officer or Director — Date