

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morrison  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000055615 (6)**  
1. Corporation Name  
**APEX HEALTHCARE OF FLORIDA, INC.**

Principal Place of Business: **1276 MINNESOTA AVENUE WINTER PARK FL 32789**  
Mailing Address: **1276 MINNESOTA AVENUE WINTER PARK FL 32789**

2. Principal Place of Business: **21** **25** **26** **639 LOYOLA AVENUE**  
Suite, Apt #, etc.: **22** **27** **57E 1700**  
City & State: **23** **29** **NEW ORLEANS LA.**  
Zip: **24** **25** **29** **70113** **30**

3. Date Incorporated or Qualified: **07/27/1994** 3a. Date of Last Report  
4. FEI Number: **59-3261359** Applied For:  Net Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required  
6. Election Campaign Financing:  **\$5.00** May Be Added to Fees  
7. This corporation has liability for intangible tax under § 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Must be printed name of registered agent and his/her agent. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PRESIDENT / DIRECTOR</b>
NAME	<b>MUVEEB A. OLIAI</b>
STREET ADDRESS	<b>SUITE 180 22 ENVIRNESS PARKWAY</b>
CITY, ST, ZIP	<b>BIRMINGHAM, ALABAMA 35242</b>
TITLE	<b>TREASURER / SECRETARY</b>
NAME	<b>PHILIP G. SYMON</b>
STREET ADDRESS	<b>1276 MINNESOTA AVENUE</b>
CITY, ST, ZIP	<b>WINTER PARK, FLORIDA 32789</b>
TITLE	<b>VICE CHAIRMAN / DIRECTOR</b>
NAME	<b>GREGORY H. BROWNE</b>
STREET ADDRESS	<b>639 LOYOLA AVENUE SUITE 1700</b>
CITY, ST, ZIP	<b>NEW ORLEANS, LOUISIANA 70113</b>
TITLE	<b>VICE PRESIDENT</b>
NAME	<b>RICHARD HARLEY</b>
STREET ADDRESS	<b>SUITE 180 22 ENVIRNESS PARKWAY</b>
CITY, ST, ZIP	<b>BIRMINGHAM, ALABAMA 35242</b>
TITLE	<b>VICE PRESIDENT</b>
NAME	<b>SHARON THOMPSON</b>
STREET ADDRESS	<b>SUITE 180 22 ENVIRNESS PARKWAY</b>
CITY, ST, ZIP	<b>BIRMINGHAM, ALABAMA 35242</b>
TITLE	<b>CHAIRMAN / DIRECTOR</b>
NAME	<b>PAUL G. RANLEY</b>
STREET ADDRESS	<b>LEVEL 7 154 PACIFIC HIGHWAY</b>
CITY, ST, ZIP	<b>GREENWICH, NEW AUSTRALIA 2065</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 107, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **VICE CHAIRMAN** **4/25/95** **504-525-2505**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)