

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000055615 (6)**

1. Corporation Name

APEX HEALTHCARE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1276 MINNESOTA AVENUE
WINTER PARK FL 32789

639 LOYOLA AVENUE
STE 1700
NEW ORLEANS LA 70113
US

3. Date Incorporated or Qualified
07/27/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **639 LOYOLA AVENUE**

22 City & State

27 **SUITE 1700**

23 Zip

Country

28 Zip

Country

29 **70113** 30 **NEW ORLEANS, LA.**

4. FEI Number
59-3261359

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OLIAI, PARVEEZ A	
STREET ADDRESS	22 INVERNESS PKWY, SUITE 180	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	SYMON, PHILIP G	
STREET ADDRESS	1276 MINNESOTA AVENUE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	YGD	<input type="checkbox"/> DELETE
NAME	BROWNE, GREGORY H	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1700	
CITY-ST-ZIP	NEW ORLEANS LA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, SHARON	
STREET ADDRESS	22 INVERNESS PKWY, SUITE 180	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RAMSAY, PAUL J	
STREET ADDRESS	LEVEL 7 154 PACIFIC HIGHWAY	
CITY-ST-ZIP	GREENWICH, NSW, AUSTRALIA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARLEY, RICHARD	
STREET ADDRESS	22 INVERNESS PKWY, SUITE 180	
CITY-ST-ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	104 INVERNESS PKWY SUITE 230
1.4 CITY-ST-ZIP	35243
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VIP/D/S
3.3 STREET ADDRESS	WARWICK SYMPERS
3.4 CITY-ST-ZIP	639 LOYOLA AVENUE SUITE 1725
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	104 INVERNESS PKWY SUITE 230
4.4 CITY-ST-ZIP	35243
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	104 INVERNESS PKWY SUITE 230
6.4 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/96

504-585-0508

Date

City, State, Phone #

CR2E034 (12/95)