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**Apr 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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
**1276 MINNESOTA AVENUE
WINTER PARK FL 32789**

Mailing Address
~~639 LOYOLA AVENUE
STE 1700
NEW ORLEANS LA 70110-0182
US~~

3. Date Incorporated or Qualified **07/27/1994** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

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
**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OLIAI, PARVEEZ A	
STREET ADDRESS	104 INVERNESS PKWY, SUITE 230	
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	VPDS	<input type="checkbox"/> DELETE
NAME	SYPHEAS, WARWICK	
STREET ADDRESS	639 LOYOLA AVENUE, SUITE 1725	
CITY- ST- ZIP	NEW ORLEANS LA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	THOMPSON, SHARON	
STREET ADDRESS	104 INVERNESS PKWY, SUITE 230	
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	104 INVERNESS PKWY, SUITE 230	
CITY- ST- ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LABORITZ MARTIN	
1.3 STREET ADDRESS	1276 MINNESOTA AVENUE	
1.4 CITY- ST- ZIP	WINTER PARK, FLORIDA	
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	SYPHEAS, WARWICK	
3.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750	
3.4 CITY- ST- ZIP	CORAL GABLES FL 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Warwick Sypheas* **WARWICK SYPHEAS 02/03/97** **504-585-0514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)