

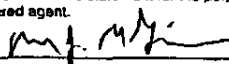
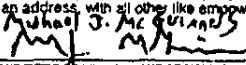
2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

03-19-2004 90051 006 ****61.25
04-26-2004 90485 026 ****88.75
P99000017435

04 MAY -5 AM 11:34

TALLAHASSEE, FLORIDA

94066275

DOCUMENT # P99000017435					
1. Entity Name APHC, INC.					
Principal Place of Business 925 HARBOUR BAY DRIVE TAMPA, FL 33602			Mailing Address 925 HARBOUR BAY DRIVE TAMPA, FL 33602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3567622	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAGGESSON, RICHARD A. 501 E. KENNEDY BOULEVARD, SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name: Michael J. McGuinness Street Address (P.O. Box Number is Not Acceptable) 925 Harbour Bay Drive City: Tampa FL Zip Code: 33602	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 4-8-2004 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGUINNESS, MICHAEL 925 HARBOR BAY DR TAMPA, FL 33602 ☐ Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Pres./CEO		Date: 3-15-04 Daytime Phone: 787-415-0593			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					