

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000013732

Entity Name: APR HEALTH SERVICES, INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

18433 SW 87 PLACE
MIAMI, FL 33157 US

New Principal Place of Business:

8831 SW 204 LANE
MIAMI, FL 33189 US

Current Mailing Address:

18433 SW 87 PLACE
MIAMI, FL 33157 US

New Mailing Address:

8831 SW 204 LANE
MIAMI, FL 33189 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, ANGELA P
18433 SW 87 PLACE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

RUSSELL, ANGELA P
8831 SW 204 LANE
MIAMI, FL 33189 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: ARUSSELL

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSSELL, ANGELA P
Address: 18433 S.W. 87TH PLACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: PARISH, VERNON
Address: 18432 S.W. 87TH PLACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: RUSSELL, SIDONIA
Address: 18433 S.W. 87TH PLACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: HALL, KEISHA
Address: 18433 S.W. 87TH PLACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUSSELL, ANGELA P
Address: 8831SW 204 LANE
City-St-Zip: MIAMI, FL 33189

Title: D (X) Change () Addition
Name: PARISH, VERNON
Address: 21411 SW 94 AVENUE
City-St-Zip: MIAMI, FL 33189

Title: D (X) Change () Addition
Name: RUSSELL, SIDONIA
Address: 8831SW 204 LANE
City-St-Zip: MIAMI, FL 33189

Title: D (X) Change () Addition
Name: HALL, KEISHA
Address: 21411 SW 94 AVENUE
City-St-Zip: MIAMI, FL 33189

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

SIGNATURE: ARUSSELL

P

04/12/2006

Electronic Signature of Signing Officer or Director

Date