

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154107

Entity Name: APMS, INC.

Current Principal Place of Business:

3380 SE LAKE WEIR AVE
SUITE # D
OCALA, FL 34471

Current Mailing Address:

3380 SE LAKE WEIR AVE
SUITE # D
OCALA, FL 34471 US

FEI Number: 42-1611410

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLEN, M. JANE
3380 SE LAKE WEIR AVE
SUITE # D
OCALA, FL 34471 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NOLEN, M. JANE
Address 3380 SE LAKE WEIR AVE, SUITE # D
City-State-Zip: Ocala FL 34471

I hereby 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 all other like empowered.

SIGNATURE: M. JANE NOLEN

P

05/28/2015

Electronic Signature of Signing Officer/Director Detail

Date