

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** APS HEALTHCARE BETHESDA, INC.

**Current Principal Place of Business:**

44 SOUTH BROADWAY  
WESTCHESTER ONE SUITE 1200  
WHITE PLAINS, NY 10601

**New Principal Place of Business:**

**Current Mailing Address:**

44 SOUTH BROADWAY  
WESTCHESTER ONE SUITE 1200  
WHITE PLAINS, NY 10601

**New Mailing Address:**

**FEI Number:** 42-1413902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VACCARO, JEROME V  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

Title: TD  
Name: MCDONOUGH, JOHN  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

Title: S  
Name: TICHY, JOYCE  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

Title: D  
Name: SURLES, RICHARD  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

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: JOYCE TICHY

SECR

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date