

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002752

1. Entity Name

APEX THERAPEUTIC CARE, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90073 037 ***150.00

Principal Place of Business

Mailing Address

31336 VIA COLINAS STE 102
WESTLAKE VILLAGE CA 91362

31336 VIA COLINAS STE 102
WESTLAKE VILLAGE CA 91362-3910

2. Principal Place of Business

31332 VIA COLINAS

3. Mailing Address

31332 VIA COLINAS

Suite, Apt. #, etc.

SUITE 106

Suite, Apt. #, etc.

SUITE 106

City & State

WESTLAKE VILLAGE, CA

City & State

WESTLAKE VILLAGE, CA

Zip

91362

Country

USA

Zip

91362

Country

USA

4. FEI Number

95-4677874

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMIYASU, JON M 5262 PUSTOWAY AGOURA CA 91301	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, KELLY N 456 CREMONA WAY OAKPARK CA 91301	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE Attached	<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> De'te

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED EXHIBIT "A"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED EXHIBIT "A"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KEVIN YOSHIMOTO

03/24/2000

888-808-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attach.
C0049064

#99000002752

EXHIBIT "A"
OFFICERS AND DIRECTORS OF
APEX THERAPEUTIC CARE, INC.

JON M. TAMIYASU

Title: President, Chief Financial Officer

Director: Yes

Address: 5262 Pesto Way
Agoura Hills, CA. 91301

KELLY N. SMITH

Title: Secretary

Director: Yes

Address: 29354 Castle Hill
Agoura Hills, CA. 91301

FRED COPELAND

Title: Vice President

Director: Yes

Address: 513 Savona Way
OakPark, CA. 91377

ROBERT BROOKS

Title: Vice President

Director: Yes

Address: 621 Pacific Court
Upland, CA. 91786