

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002752

1. Entity Name
APEX THERAPEUTIC CARE, INC.

FILED

01 APR 10 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/3
0591596

Principal Place of Business Mailing Address
31332 VIA COLINAS SUITE 106 THOUSAND OAKS CA 91362
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country

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
**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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 _____ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO TAMIYASU, JON M 5262 PUSTOWAY AGOURA CA 91301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, KELLY N 29354 CASTLE HILL AGOURA HILLS CA 91301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COPELAND, FRED 513 SAVONA WAY OAKPARK CA 91377 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOKS, ROBERT 621 PACIFIC COURT UPLAND CA 91786 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Please see Attachment "A"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900004014199--7 -04/17/01--01108--004 ****150.00 ****150.00
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: Jon M. Tamiyasu (888)808-7441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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

JON M. TAMIYASU

Title: Director, President, Chief Executive Officer and Chief Financial Officer

Address: 31332 Via Colinas, Suite 106
Westlake Village, CA 91362
Telephone: (888) 808-7441
Facsimile: (818) 865-2554

KELLY N. SMITH

Title: Director and Secretary

Address: 31332 Via Colinas, Suite 106
Westlake Village, CA 91362
Telephone: (888) 808-7441
Facsimile: (818) 865-2554

FRED COPELAND

Title: Director and Vice President

Address: 31332 Via Colinas, Suite 106
Westlake Village, CA 91362
Telephone: (888) 808-7441
Facsimile: (818) 865-2554

ROBERT BROOKS

Title: Director and Vice President

Address: 31332 Via Colinas, Suite 106
Westlake Village, CA 91362
Telephone: (888) 808-7441
Facsimile: (818) 865-2554

JIM WILLIAMS

Title: Director and Vice President

Address: 31332 Via Colinas, Suite 106
Westlake Village, CA 91362
Telephone: (888) 808-7441
Facsimile: (818) 865-2554