

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90384 042 \*\*\*150.00

**DOCUMENT # F99000002752**

1. Entity Name  
**APEX THERAPEUTIC CARE, INC.**



Principal Place of Business  
**31332 VIA COLINAS  
SUITE 106  
THOUSAND OAKS, CA 91362**

Mailing Address  
**61 SPIT BROOK RD  
NASHUA, NH 03060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172006

Chg-P

CR2E034 (11/05)

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MCCONNELL, PAUL F  
STREET ADDRESS 61 SPIT BROOK RD  
CITY-ST-ZIP NASHUA, NH 03060

TITLE SD ☒ Delete  
NAME LANIS, NANCY F  
STREET ADDRESS 150 MOTOR PKWY  
CITY-ST-ZIP HAUPPAUGE, NY 11788

TITLE TD ☐ Delete  
NAME AXMACHER, THOMAS  
STREET ADDRESS 150 MOTOR PKWY  
CITY-ST-ZIP HAUPPAUGE, NY 11788

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME PRIOR, JOHN C.  
STREET ADDRESS 61 SPIT BROOK RD  
CITY-ST-ZIP NASHUA, NH 03060

TITLE TD ☒ Change ☐ Addition  
NAME THOMAS AXMACHER  
STREET ADDRESS 61 SPIT BROOK RD  
CITY-ST-ZIP NASHUA, NH 03060

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas Axmacher**

Date

**4/17/06**

Daytime Phone #

**603 888 1500**