

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90115 008 \*\*\*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  
**150 MOTOR PARKWAY  
HAUPPAUGE NY 11741**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4677874**

Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FESHBACH, JOSEPH</b>	
STREET ADDRESS	<b>27600 EDERTON ROAD</b>	
CITY-ST-ZIP	<b>LOS ALTOS HILLS CA 94022</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>TELLA, WILLIAM</b>	
STREET ADDRESS	<b>150 MOTOR PKWY</b>	
CITY-ST-ZIP	<b>HAUPPAUGE NY 11788</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>LANIS, NANCY F</b>	
STREET ADDRESS	<b>150 MOTOR PKWY</b>	
CITY-ST-ZIP	<b>HAUPPAUGE NY 11788</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>AXMACHER, THOMAS</b>	
STREET ADDRESS	<b>150 MOTOR PKWY</b>	
CITY-ST-ZIP	<b>HAUPPAUGE NY 11788</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Feshbach, Joseph</b>	
STREET ADDRESS	<b>2105 Woodside Rd</b>	
CITY-ST-ZIP	<b>Woodside, CA 94062</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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

Date: 3/20/03 Daytime Phone #: 631-232-7000

CR2E034 (10/02)