


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90053 001 ***300.00

DOCUMENT # L00051	
1. Entity Name APDC PROPERTIES, INC.	

Principal Place of Business 1733 LAKELAND HILLS BLVD. 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805 US	Mailing Address % ROBERT J. BERTRAND 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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66400212



01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2958730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ALVAREZ, PETER MD 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805	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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVEREZ, PETER M.D.	NAME	
STREET ADDRESS	1733 LAKELAND HILLS BLVD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURETZ, JEFFREY M.D.	NAME	
STREET ADDRESS	1733 LAKELAND HILLS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMIAN, GRACIA M.D.	NAME	
STREET ADDRESS	1733 LAKELAND HILLS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAVELLO, JOHJ M.D.	NAME	
STREET ADDRESS	1733 LAKELAND HILLS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	Peter Alvarez	1/6/04	(863) 688-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #