

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-03-2005 90064 011 ***150.00

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
--	--

bb046103



07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2958730	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALVAREZ, PETER MD 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805

**DO NOT WRITE
IN THIS SPACE**

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 fee, if applicable. (NOTE: Registered Agent signature required when certifying) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

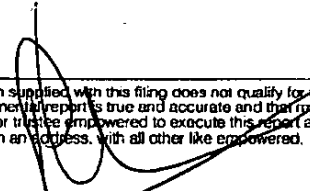
**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, PETER M.D. 1733 LAKELAND HILLS BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PURETZ, JEFFREY M.D. 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAMIAN, GRACIA M.D. 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARAVELLO, JOHN M.D. 1733 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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, MD 8/18/05 863-688-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #