

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00051

Entity Name: APDN PROPERTIES, INC.

FILED  
Mar 16, 2011  
Secretary of State

## Current Principal Place of Business:

1733 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

## New Principal Place of Business:

## Current Mailing Address:

% PEDRO ALVAREZ, M.D.  
1733 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

## New Mailing Address:

FEI Number: 59-2958730      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, PEDRO MD  
1733 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: ALVAREZ, PEDRO M.D.  
Address: 1733 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: V  
Name: PURETZ, JEFFREY M.D.  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: S  
Name: DAMIAN, GRACIA M.D.  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

Title: T  
Name: NIXON, JENNIFER M.D.  
Address: 1733 LAKELAND HILLS BLVD.  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO ALVAREZ MD

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date