4/1

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

04-17-2001 90067 018 ***150.00

DOCUMENT # L31813

1. Entity Name

APA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7480 FAIRWAY DR. SUITE 106 MIAMI LAKES FL 33014	7480 FAIRWAY DR. SUITE 106 MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0159262 — Applied For / Not Applicable

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
MCNULTY, JOAN 7480 FAIRWAY DR, STE 106 MIAMI LAKES FL 33014	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITHERSPOON, GENE C. ~~801 ARTHUR GODFREY RD.~~ 1320 S Dixie Hwy ~~MIAMI BEACH FL~~ Coral Gables FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Witherspoon, Gene C 1320 S. Dixie Highway, Ste. 1060 Coral Gables, FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCNULTY, JOAN 7480 FAIRWAY DRIVE, SUITE 106 MIAMI LAKES FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frank Moya, M.D. CEO/D 1320 S Dixie Hwy Ste 1060 Coral Gables, FL 33146 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BURNS, JEFFREY M. 801 ARTHUR GODFREY RD MIAMI BEACH FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Moya D 1320 S. Dixie Highway, Ste. 1060 Coral Gables, FL 33146 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Monte Lichtiger, M.D. D 1320 S Dixie Hwy Ste 1060 Coral Gables, FL 33146 ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eugene Nagel, M.D. 1320 S Dixie Highway Ste 1060 ~~Coral Gables FL 33146~~ ☐ Change XX Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Joan McNulty 4/23/01 (305) 822-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)