
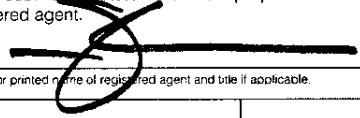
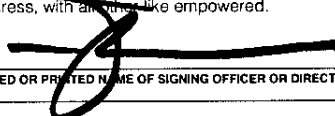


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90012 031 ***150.00

DOCUMENT # L31813 1. Entity Name APA MANAGEMENT, INC.					
Principal Place of Business 1320 SOUTH DIXIE HIGHWAY SUITE 1060 CORAL GABLES, FL 33146			Mailing Address 7480 FAIRWAY DR. STE 106 MIAMI LAKES, FL 33014		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 1320 S. Dixie Hwy Ste. 1060 Coral Gables, FL 33146 US		
4. FEI Number 65-0159262			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCNULTY, JOAN 7480 FAIRWAY DR, STE 106 MIAMI LAKES, FL 33014			7. Name and Address of New Registered Agent Name Frank Moya Street Address (P.O. Box Number is Not Acceptable) 1320 S. Dixie Highway Ste. 1060 Coral Gables FL Zip Code 33146		
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 		Frank Moya, M.D., Chairman <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 3/22/04	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WITHERSPOON, GENE C. 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCNULTY, JOAN 7480 FAIRWAY DRIVE, SUITE 106 MIAMI LAKES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1828 SE First Avenue Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGEL, EUGENE 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD MOYA, FRANK 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYA, ELIZABETH 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LICHTIGER, MONTE 1320 S DIXIE HWY STE 1060 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attached like empowered.					
SIGNATURE: 		Frank Moya		Date 3/24/04 Daytime Phone # (305) 666-3002	