

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001058

FILED
May 15, 2006
Secretary of State

Entity Name: APEL HEALTH SERVICES CENTER, INC.

Current Principal Place of Business:

2403 KINGS ROAD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

2360 KINGS ROAD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 20-2226634 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAYNES, ARZADA
2360 KINGS ROAD
JACKSONVILLE, FL 32209 US

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: PD () Delete
Name: DIAMOND, TOM E
Address: 4143 W. MARKIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: DV () Delete
Name: STOKES, KEN SR.
Address: 2360 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: DST () Delete
Name: HAYNES, ARZADA
Address: 2360 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: DV () Delete
Name: MORTON, FANNIE L
Address: 363 BLVD
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN STOKES

DV

05/15/2006

Electronic Signature of Signing Officer or Director

Date