

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001058

FILED  
May 26, 2008  
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:**

2403 KINGS ROAD  
JACKSONVILLE, FL 32209

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:**

HAYNES, ARZADA  
2360 KINGS ROAD  
JACKSONVILLE, FL 32209 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: 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: HARGRAVE, LATRESE  
Address: 11453 JERRY ADAM DR  
City-St-Zip: JACKSONVILLE, FL 32218

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 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

05/26/2008

Electronic Signature of Signing Officer or Director

Date