


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004219 (9)**

1. Corporation Name

**THE APPLE SCHOOL, INC.**



Principal Place of Business  
**1665 WILLIAMSBURG SQUARE  
LAKELAND FL 33809**

Mailing Address  
**1665 WILLIAMSBURG SQUARE  
LAKELAND FL 33803-4279**

3. Date Incorporated or Qualified **08/08/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3394736</b>		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

**HARRIS, BRENDA MD  
1829 E. ELM ROAD  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPS</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, BRENDA MD</b>	1.2 NAME	<b>Todd, Dennis, Ph.D.</b>
STREET ADDRESS	<b>1829 E ELM ROAD</b>	1.3 STREET ADDRESS	<b>4815 E. Busch Blvd, Suite 208-B</b>
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	1.4 CITY-ST-ZIP	<b>Tampa, FL 33617-6090</b>
TITLE	<b>VTD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, RALPH</b>	2.2 NAME	
STREET ADDRESS	<b>1829 E ELM ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGENBOTHAM, MARTIN</b>	3.2 NAME	
STREET ADDRESS	<b>1665 WILLIAMSBURG SQUARE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SQUIRE, ANGIE</b>	4.2 NAME	
STREET ADDRESS	<b>5206 DISMUKE DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Todd, Dennis, Ph.D.</b>	5.2 NAME	
STREET ADDRESS	<b>4815 E. Busch Blvd, Suite 208-B</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Tampa, FL 33617-6090</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda Harris MD Brenda Harris MD 5/1/97 941-619-505

CR2E037 (9/96)