

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2006 90012028 ***150.00
P00000035979

FILED

06 JUL 31 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03132006 Chg-P CR2E034 (11/05)

4. FEI Number 52-2225652 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P00000035979

1. Entity Name
APS OF HOLLYWOOD, INC.



Principal Place of Business
4046 N. 30TH AVE.
HOLLYWOOD, FL 33020

Mailing Address
C/O CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

2. Principal Place of Business
6601 NW 14th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 7

City & State

City & State

PLANTATION, FL

Zip

Country

Zip

Country

33313-4579

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FRIEDLANDER, MITCHELL
STREET ADDRESS 11408 CRONRIDGE DRIVE SUITE F
CITY-ST-ZIP OWINGS MILLS, MD 21117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PATTERSON, D. SCOTT D
STREET ADDRESS FIRSTSERVICE BLDG., 1140 BAY ST. STE. 4000
CITY-ST-ZIP TORONTO, ONT M5S 2B4,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAS ☐ Delete
NAME FRIEDRICHSEN, JOHN B
STREET ADDRESS 1140 BAY STREET, SUITE 4000
CITY-ST-ZIP TORONTO, ONT M5S 2B4,

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME WILBUR, JEFFERY T
STREET ADDRESS 4046 NORTH 30TH AVENUE
CITY-ST-ZIP FT. LAUDERALE, FL 33020

TITLE ☐ Change ☒ Addition
NAME NEIL V. GATES
STREET ADDRESS 6601 NW 14th ST. STE 7
CITY-ST-ZIP PLANTATION, FL 33313

TITLE ST ☐ Delete
NAME NADEN, RICHARD C
STREET ADDRESS 4700 CORRIDOR PLACE STE B
CITY-ST-ZIP BELTSVILLE, MD 20705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SOLLINS, CHARLES D
STREET ADDRESS 6300 PARK OF COMMERCE BLVD.
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #