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Secretary of State

04-03-2003 90103 022 ***150.00

J00069229

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035979

1. Entity Name
APS OF HOLLYWOOD, INC.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Ferrante & Associates Suite, Apt. #, etc. 126 Prospect Street
City & State	City & State Cambridge, MA
Zip / Country	Zip 02139 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2225652 ☐ Applied For ☐ Not Applicable

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLLINS, CHARLES D 4700 CORRIDOR PLACE,STE.B BELTSVILLE, MD 20705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Mitchell Friedlander 11408 Cronridge Drive, Suite F Owings Mills, MD 21117	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, D.SCOTT D FIRSTSERVICE BLDG.,1140 BAY ST.STE.4000 TORONTO,ONT M5S 2B4,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDRICHSEN, JOHN B FIRSTSERVICE BLDG.,1140 BAY ST.STE.4000 TORONTO,ONT M5S 2B4,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILBUR, TIMOTHY J 10880 CAMERON COURT #207 DAVIE, FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. T. Jeffrey Wilbur 4046 North 30th Avenue Ft. Lauderdale, FL 33020	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NADEN, RICHARD C 4700 CORRIDOR PLACE STE B BELTSVILLE, MD 20705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #