


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000067191	
1. Entity Name AMERICAN PROFESSIONAL HEALTH CARE INC.	

Principal Place of Business 7900 NW 33RD ST STE 101 DAVIE, FL 33024-2246	Mailing Address 7900 NW 33RD ST STE 101 DAVIE, FL 33024-2246
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02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 82-0550879	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SUITE, ARTHUR L 7900 NW 33RD ST STE 101 DAVIE, FL 33024-2246
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000643437 03/07/07-80048-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE D	SUITE, ARTHUR L 1101 COLONY POINT CIR BLDG 4 APT 411 PEMBROKE PINES, FL 33026
TITLE D	SUITE, SYDNEY O 13451 LURAY RD SOUTHWEST RANCHES, FL 33330
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

**DO NOT WRITE
IN THIS SPACE**

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:  **ARTHUR L. SUITE** **02-21-07 954 304 6907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #