

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0550879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUITE, ARTHUR L
7900 NW 33RD ST STE 101
DAVIE, FL 33024-2246

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME SUITE, ARTHUR L
STREET ADDRESS 1101 COLONY POINT CIR BLDG 4 APT 411
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE D
NAME SUITE, SYDNEY O
STREET ADDRESS 13451 LURAY RD
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

000000955184
07/16/08-80005-030 150.00

**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 07-12-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORMS NOT RECEIVED