

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053074

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** A.P. MEDICAL SERVICE & MANAGEMENT INC

**Current Principal Place of Business:**

14420 SW. 22 ST.  
MIAMI, FL 33144

**New Principal Place of Business:**

14430 SW. 22 ST.  
MIAMI, FL 33175

**Current Mailing Address:**

14420 SW. 22 ST  
MIAMI, FL 33144

**New Mailing Address:**

14430 SW. 22 ST  
MIAMI, FL 33175

**FEI Number:** 80-0192069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PLASENCIA, AYMEE  
14420 SW. 22 ST  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

PLASENCIA, AYMEE  
14430 SW. 22 ST  
MIAMI, FL 33175 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/16/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PLASENCIA, AYMEE  
Address: 14430 SW 22 ST  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AYMEE PLASENCIA

P

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date