

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000013732

1. Entity Name
APR HEALTH SERVICES, INC.



FILED
Apr 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
**18433 SW 87 PLACE
MIAMI, FL 33157 US**

Mailing Address
**18433 SW 87 PLACE
MIAMI, FL 33157 US**



03082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUSSELL, ANGELA P
18433 SW 87 PLACE
MIAMI, FL 33157**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RUSSELL, ANGELA P
STREET ADDRESS	18433 S.W. 87TH PLACE
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	D
NAME	PARISH, VERNON
STREET ADDRESS	18432 S.W. 87TH PLACE
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	D
NAME	RUSSELL, SIDONIA
STREET ADDRESS	18433 S.W. 87TH PLACE
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	D
NAME	HALL, KEISHA
STREET ADDRESS	18433 S.W. 87TH PLACE
CITY- ST- ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Angela Russell
4/8/04 305-443-8662