

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90244 029 ***158.75

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1. Entity Name
APR HEALTH SERVICES, INC.



Principal Place of Business

18433 SW 87 PLACE
MIAMI, FL 33157 US

Mailing Address

18433 SW 87 PLACE
MIAMI, FL 33157 US

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired - ☒

\$8.75 Additional
Fee Required

8. 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, 2005 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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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)(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 #