

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000055615 (6)**

1. Corporation Name

APEX HEALTHCARE OF FLORIDA, INC.



Principal Place of Business

**1276 MINNESOTA AVENUE
WINTER PARK FL 32789**

Mailing Address

**639 LOYOLA AVENUE
STE 1700
NEW ORLEANS LA 70113
US**

3. Date Incorporated or Qualified

07/27/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3261359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **639 LOYOLA AVENUE**

22 City & State

27 Suite, Apt. #, etc.

SUITE 1700

23 Zip

Country

28 Zip

Country

NEW ORLEANS, LA.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
OLIAI, PARVEEZ A
STREET ADDRESS **22 INVERNESS PKWY, SUITE 180**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ DELETE

NAME **TS**
SYMON, PHILIP G
STREET ADDRESS **1276 MINNESOTA AVENUE**
CITY-ST-ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME **YOB**
BROWNE, GREGORY H
STREET ADDRESS **639 LOYOLA AVENUE, SUITE 1700**
CITY-ST-ZIP **NEW ORLEANS LA**

TITLE ☐ DELETE

NAME **VP**
THOMPSON, SHARON
STREET ADDRESS **22 INVERNESS PKWY, SUITE 180**
CITY-ST-ZIP **BIRMINGHAM AL**

TITLE ☐ DELETE

NAME **CD**
RAMSAY, PAUL J
STREET ADDRESS **LEVEL 7 154 PACIFIC HIGHWAY**
CITY-ST-ZIP **GREENWICH, NSW, AUSTRALIA**

TITLE ☐ DELETE

NAME **VP**
HARLEY, RICHARD
STREET ADDRESS **22 INVERNESS PKWY, SUITE 180**
CITY-ST-ZIP **BIRMINGHAM AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS **104 INVERNESS PKWY SUITE 230**
14 CITY-ST-ZIP **35243**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **VIP/DTS**
3.3 STREET ADDRESS **WARWICK SYMPHES**
3.4 CITY-ST-ZIP **639 LOYOLA AVENUE SUITE 1725**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **104 INVERNESS PKWY SUITE 230**
4.4 CITY-ST-ZIP **35243**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS **104 INVERNESS PKWY SUITE 230**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/96

504-585-0508

City, State, Phone #

CR2E034 (12/95)