

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017156

Entity Name: APM PROVIDERS, INC.

FILED
May 17, 2005
Secretary of State

Current Principal Place of Business:

830 S THIRD STREET
STE 102
JACKSONVILLE BEACH, FL 32240

Current Mailing Address:

P.O. BOX 440118
JACKSONVILLE, FL 32222

New Principal Place of Business:

711 3RD ST S
SUITE 12
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

PO BOX 51582
JACKSONVILLE BEACH, FL 32240

FEI Number: 59-3564653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, EVANGELINE P
7493 CLIFF COTTAGE DRIVE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, EVANGELINE
Address: 7493 CLIFF COTTAGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: LUMAN, CYNTHIA D
Address: 168 LAMPLIGHTER LN
City-St-Zip: PONTE VEDRA BCH., FL 32082

Title: T () Delete
Name: SMITH, LONNIE G
Address: 7493 CLIFF COTTAGE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: WALT, THOMAS C
Address: 168 LAMPLIGHTER LN.
City-St-Zip: PONTE VEDRA BCH., FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS C WALT

S

05/17/2005

Electronic Signature of Signing Officer or Director

Date