

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017156

Entity Name: APM PROVIDERS, INC.

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

1823 THIRD STREET N
JACKSONVILLE BEACH, FL 32240

New Principal Place of Business:

Current Mailing Address:

PO BOX 51582
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: 59-3564653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALT, THOMAS C
181 LINKSIDE CIRCLE
PONTE VEDRE, FL 32082 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUMAN, CYNTHIA D
Address: 181 LAKESIDE CIRCLE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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

Electronic Signature of Signing Officer or Director

OWNE

01/22/2007

Date