

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V33394

Entity Name: A.P.I. MEDICAL SERVICES, INC.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

1518 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334

New Principal Place of Business:

7800 N. UNIVERSITY DRIVE
102
TAMARAC, FL 33321

Current Mailing Address:

1518 EAST COMMERCIAL BLVD
OAKLAND PARK, FL 33334

New Mailing Address:

7800 N. UNIVERSITY DRIVE
102
TAMARAC, FL 33321

FEI Number: 65-0400337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAMOND, LINDA
401 BRINY AVE #615
POMPANO BEACH, FL 33062 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: LEON, LAPCO
Address: 3530 MYSTIC POINTE DRIVE #1110
City-St-Zip: AVENTURA, FL 33180

Title: ST () Delete
Name: DIAMOND, LINDA
Address: 401 BRINY AVE #615
City-St-Zip: POMPANNO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LINDA C. DIAMOND

ST

01/16/2008

Electronic Signature of Signing Officer or Director

Date