

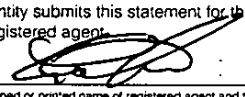



# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -3 PM 2:53

<b>DOCUMENT # V33394</b> 1. Entity Name <b>A.P.I. MEDICAL SERVICES, INC.</b>					
Principal Place of Business <b>7800 N. UNIVERSITY DRIVE 102 TAMARAC, FL 33321</b>			Mailing Address <b>7800 N. UNIVERSITY DRIVE 102 TAMARAC, FL 33321</b>		
2. Principal Place of Business - No P.O. Box # <b>7800 N. UNIVERSITY DR. ST. 102</b>		3. Mailing Address <b>7800 N. UNIVERSITY DR.</b>			
Suite, Apt. #, etc. <b>102</b>		Suite, Apt. #, etc. <b>102</b>		05232008    Chg-P    CR2E034 (12/06)	
City & State <b>TAMARAC, FLA.</b>		City & State <b>TAMARAC</b>		4. FEI Number <b>65-0400337</b>	
Zip <b>33321</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAMOND, LINDA 401 BRINY AVE #615 POMPAÑO BEACH, FL 33062</b>				7. Name and Address of New Registered Agent Name <b>Lapco, Leon</b> Street Address (P.O. Box Number is Not Acceptable) <b>3530 Mystic Pointe Dr 1100 7500</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>	
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  DATE <b>5/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEON, LAPCO 3530 MYSTIC POINTE DRIVE #1110 AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DIAMOND, LINDA 401 BRINY AVE #615 POMPAÑO BEACH, FL 33062</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B C. B. / 08</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAPCO, LEON 3530 MYSTIC POINTE DRIVE #1100 Aventura, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Lapco, Ana 3530 MYSTIC POINTE DRIVE # 1110 Aventura, FL 33180</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100130929281 06/05/08--01051--001    **\$1.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date <b>5/23/08</b> Daytime Phone # <b>9542670929</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					