

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: APS HEALTHCARE BETHESDA, INC.

**Current Principal Place of Business:**

44 SOUTH BROADWAY  
WESTCHESTER ONE SUITE 1200  
WHITE PLAINS, NY 10601

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HIQ COMPANIES  
715 ST. PAUL STREET  
BALTIMORE, MD 21202

**New Mailing Address:**

44 SOUTH BROADWAY  
WESTCHESTER ONE SUITE 1200  
WHITE PLAINS, NY 10601

FEI Number: 42-1413902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 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: PD ( ) Delete  
Name: VACCARO, JEROME V  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

Title: TD ( ) Delete  
Name: MCDONOUGH, JOHN  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

Title: S ( ) Delete  
Name: TICHY, JOYCE  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

Title: D ( ) Delete  
Name: SURLES, RICHARD  
Address: 44 SOUTH BROADWAY SUITE 1200  
City-St-Zip: WHITE PLAINS, NY 10601

**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 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: JOYCE TICHY

S

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date