

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

FILED
Jan 05, 2011
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:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: VACCARO, JEROME V
Address: 44 SOUTH BROADWAY SUITE 1200
City-St-Zip: WHITE PLAINS, NY 10601

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOYCE TICHY

SECR

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date