## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

Entity Name: APS HEALTHCARE BETHESDA, INC.

# **Current Principal Place of Business:**

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

# **Current Mailing Address:**

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

FEI Number: 42-1413902 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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

**FILED** Apr 30, 2013

**Secretary of State** 

CC3531102953

### Officer/Director Detail:

Title PD Title

VACCARO, JEROME V Name Name SURLES, RICHARD

44 SOUTH BROADWAY SUITE 1200 44 SOUTH BROADWAY SUITE 1200 Address Address

WHITE PLAINS NY 10601 City-State-Zip: WHITE PLAINS NY 10601 City-State-Zip:

Title **SECRETARY** 

CARLTON, STEVE L Name

Address 1001 HEATHROW PARK LANE

**SUITE 5001** 

City-State-Zip: LAKE MARY FL 32746

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: STEVE CARLTON **SECRETARY** 

Electronic Signature of Signing Officer/Director Detail

04/30/2013

Date