

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

Entity Name: APS HEALTHCARE BETHESDA, INC.

FILED
Apr 16, 2015
Secretary of State
CC6886267019

Current Principal Place of Business:

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

Current Mailing Address:

1001 HEATHROW PARK LANE
SUITE 5001
LAKE MARY, FL 32746 US

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

Officer/Director Detail :

Title SECRETARY
Name CARLTON, STEVE L
Address 1001 HEATHROW PARK LANE
SUITE 5001
City-State-Zip: LAKE MARY FL 32746

Title PRESIDENT, DIRECTOR
Name WAEGELEIN, ROBERT A
Address 44 SOUTH BROADWAY
WESTCHESTER ONE SUITE 1200
City-State-Zip: WHITE PLAINS NY 10601

Title DIRECTOR, VP
Name WOLK, ANTHONY L
Address 44 SOUTH BROADWAY
WESTCHESTER ONE SUITE 1200
City-State-Zip: WHITE PLAINS NY 10601

Title VP, TREASURER
Name COCHRANE, CARL L
Address 1001 HEATHROW PARK LANE
SUITE 5001
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name DOMINIANNI, PAUL A
Address 44 SOUTH BROADWAY
SUITE 1200
City-State-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: STEVE L CARLTON

SECRETARY

04/16/2015

Electronic Signature of Signing Officer/Director Detail

Date