

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001620

FILED
Feb 03, 2005
Secretary of State

Entity Name: APS HEALTHCARE BETHESDA, INC.

Current Principal Place of Business:

8403 COLESVILLE ROAD
SUITE 1600
SILVER SPRING, MD 20910

New Principal Place of Business:

Current Mailing Address:

516 NORTH CHARLES STREET
5TH FLOOR
BALTIMORE, MD 21201

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:

HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE., #200
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KESSLER, KENNETH A M.D.
Address: 8403 COLESVILLE ROAD
City-St-Zip: SILVER SPRING, MD 20910

Title: SD () Delete
Name: TARANTINO, LAURA F
Address: 8403 COLESVILLE ROAD
City-St-Zip: SILVER SPRING, MD 20817

Title: TD () Delete
Name: MCINTYRE, BRETT
Address: 8403 COLESVILLE ROAD
City-St-Zip: SILVER SPRING, MD 20910

Title: CEOD () Delete
Name: KESSLER, KENNETH A M.D.
Address: 8403 COLESVILLE ROAD
City-St-Zip: SILVER SPRING, MD 20910

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 for the exemption stated in Section 119.07(3)(i), 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: LAURA TARANTINO

SD

02/03/2005

Electronic Signature of Signing Officer or Director

_____ Date