

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024521

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** APOLLO MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

1312 APOLLO BEACH BLVD  
STE J  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

419 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572 US

**Current Mailing Address:**

1312 APOLLO BEACH BLVD  
STE J  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

419 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572 US

FEI Number: 26-2102184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RANKIN, KENT  
1006 SYMPHONY ISLES BLVD.  
APOLLO BEACH, FL 33572 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, BILL  
Address: 1002 SONATA LN  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: MGRM  
Name: RANKIN, LLC  
Address: 1006 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENT RANKIN

MGRM

01/10/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date