

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90017 048 ***150.00



DOCUMENT # P0000093429

1. Entity Name

APOLLO MEDICAL MASSAGE, INC.

Principal Place of Business

551 S. APOLLO BLVD., SUITE 207
 STE 205
 MELBOURNE FL 32901

Mailing Address

551 S. APOLLO BLVD., SUITE 207
 STE 205
 MELBOURNE FL 32901

2. Principal Place of Business

Suite, Apt. #, etc.

205

3. Mailing Address

Suite, Apt. #, etc.

205

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3678134

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, KORY
 5966 62ND LANE
 VERO BCH FL 32967

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: CASEY, KORY
 STREET ADDRESS: 5966 62ND LANE
 CITY-ST-ZIP: VERO BCH FL 32967

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Change Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. Kory Casey, PA

Dr Kory Casey PA

2-24-03 676-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #