

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90014 032 ***150.00

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1. Entity Name

APOLLO MEDICAL MASSAGE, INC.



Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

205

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3678134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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, 2006 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 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Kory Casey PA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06 321-676-5600
 Date Daytime Phone #