


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P0000093429 1. Entity Name APOLLO MEDICAL MASSAGE, INC.	
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Principal Place of Business 551 SOUTH APOLLO BOULEVARD #205 MELBOURNE, FL 32901	Mailing Address 551 SOUTH APOLLO BOULEVARD #205 MELBOURNE, FL 32901
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01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3678134	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASEY, KORY  
5966 62ND LANE  
VERO BCH, FL 32967

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, KORY 5966 62ND LANE VERO BCH, FL 32967
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U00000845918  
03/18/08-80007-008 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Dr. Kory A. Casey, PA 2-27-08 321-6765600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #