

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069662

FILED
Jan 08, 2004
Secretary of State

Entity Name: APOLLO MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

3002 BRYAN ROAD
BRANDON, FL 335117512

New Principal Place of Business:

Current Mailing Address:

4304 FAIRCOURT DRIVE
VALRICO, FL 335947800

New Mailing Address:

4304 FAIRCOURT DRIVE
VALRICO, FL 335947800 US

FEI Number: 20-0061468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EATMAN, MICHAEL T ESQ
C/ MICHAEL T. EATMAN, P.A.
205 N PARSON AVE STE A
BRANDON, FL 335104515 US

Name and Address of New Registered Agent:

MASON, ANDREW T CPA
106 W WINDHORST RD
SUITE 101
BRANDON, FL 33510 US

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: ANDREW MASON

01/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCHOLL, ZACHARY T
Address: 4304 FAIRCOURT DRIVE
City-St-Zip: VALRICO, FL 335947800

Title: VSTD (X) Delete
Name: MCGUINNESS, KEVIN Y M
Address: 5212 SAND TRAP PLACE
City-St-Zip: VALRICO, FL 335948291

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SCHOLL, ZACHARY T
Address: 4304 FAIRCOURT DRIVE
City-St-Zip: VALRICO, FL 335947800

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: ZACHARY SCHOLL

PSTD

01/08/2004

Electronic Signature of Signing Officer or Director

Date