


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90080 001 ***150.00

DOCUMENT # P99000012796
 1. Entity Name
 APOLLO MEDICAL CENTER, P.A.



50061600



08032005 Chg-P CR2E034 (10/03)

Principal Place of Business 7134 S.R. 54 NEW PORT RICHEY, FL 34653		Mailing Address 7134 S.R. 54 NEW PORT RICHEY, FL 34653	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3554382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CHOWDAPPA, JAY
 7134 S.R. 54
 NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOWDAPPA, JAY M.D. 7134 S.R. 54 NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JAY CHOWDAPPA (JAY CHOWDAPPA) Date: 8/10/05 Daytime Phone #: 127-375-0868



ATTACHMENT
SD 06/600

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 3, 2005

APOLLO MEDICAL CENTER, P.A.
7134 S.R. 54
NEW PORT RICHEY, FL 34653

SUBJECT: APOLLO MEDICAL CENTER, P.A.
Ref. Number: P99000012796

Thank you for your correspondence of July 18, 2005, which has been forwarded to me for response.

Enclosed is the 2005 annual report.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 905A00050114

ATTACHMENT

SD 06/600

APOLLO MEDICAL CENTER. P.A.

Jay Chowdappa, M.D.

7134 State Road 54
New Port Richey, FL 34653
(727) 375-0848

12134 Cobblestone Dr.
Hudson, FL 34667
(727) 862-2388

July 18, 2005

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Document #P99000012796

Dear Glenda Hood:

My renewal for the corporation name was never received. I just received the delinquent notice. I am asking that you waive the delinquent fee at this time and notify me of this action. Thanking you in advance for your consideration in this matter.

Sincerely,

Jay Chowdappa M.D.
E.B.

Jay Chowdappa, M.D.

JC/eb