# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000012796  1. Entity Name APOLLO MEDICAL CENTER, P.A.					08-15-2005 90080 001 ***150.00				
Principal Place of Business Mailing Address						000400	^		
7134 S.R. 54 NEW PORT RICHEY, FL 34653		7134 S.R. 54 NEW PORT RICHEY, FL 34653			50061600				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08032005	Chg-P	CR2E034	(10/03)		
City & State		City & State		4. FEI Numbe	FEI Number         Applied For           59-3554382         Not Applicable				
Zip	Country	Zip	Country	•	of Status Desire		3.75 Add	litional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of Ne	w Registered Age		·	
CHOWDAPPA, JAY			Name	· • · · · · · · · · · · · · · · · · · ·					
7134 S.R. 54 NEW PORT RICHEY, FL 34653			Street Addr	Street Address (P.O. Box Number is Not Acceptable)					
								••	
			City			FL	Zip Code	e	
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its req	gistered office or re	gistered agent, or bot	h, in the State o		niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature r	equired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees	5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO	OFFICERS AND D	IRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	D CHOWDAPPA, JAY M.D. 7134 S.R. 54 NEW PORT RICHEY, FL 34653	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ę	] Change	Addition	
TITLE		☐ Delete	TITLE		•		Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-SI-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		• •		Change	☐ Addition	
NAME			NAME			_			
STREET ADDRESS CITY_ST_ZIP			STREET ADDRESS _ CITY_ST-ZIP						
TITLE		Пъ					7.0	— ~_ ·-	
NAME		Delete	TITLE Name			L	_ Change	Addition	
\$TREET ADDRESS		:	STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	
name Street address			NAME CTREET ADDRESS						
CITY-ST-ZIP			STREET ADDRESS City-St-Zip						
TITLE		☐ Delete	TITLE			Г	Change	Addition	
NAME			NAME			_			
STREET ADDRESS			STREET ADDRESS						

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.

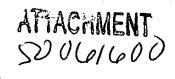
**SIGNATURE:** 

M (JAY CHOWDAPPA)

8/10/5

127-375.0868

Daytime Phone #



#### 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 \$4653

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 SOUGIGOD

## 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

July18, 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 Chandagon Mid

Jay Chowdappa, M.D.

JC/eb