

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012796

FILED  
Jul 18, 2008  
Secretary of State

Entity Name: APOLLO MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

7134 S.R. 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

3535 LITTLE ROAD  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

7134 S.R. 54  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

3535 LITTLE ROAD  
NEW PORT RICHEY, FL 34655

FEI Number: 59-3554382

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOWDAPPA, JAY  
7134 S.R. 54  
NEW PORT RICHEY, FL 34653 US

**Name and Address of New Registered Agent:**

CHOWDAPPA, JAY  
3535 LITTLE ROAD  
NEW PORT RICHEY, FL 34655 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: \_\_\_\_\_

Electronic Signature of Registered Agent

07/18/2008

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: CHOWDAPPA, JAY M.D.  
Address: 7134 S.R. 54  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: CHOWDAPPA, JAY M.D.  
Address: 3535 LITTLE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAYADEVA CHOWDAPPA

Electronic Signature of Signing Officer or Director

DR

07/18/2008

Date