

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012796

FILED
Jan 07, 2011
Secretary of State

Entity Name: APOLLO MEDICAL CENTER, P.A.

Current Principal Place of Business:

3535 LITTLE ROAD
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

3535 LITTLE ROAD
NEW PORT RICHEY, FL 34655

New Mailing Address:

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
3535 LITTLE ROAD
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: JAY CHOWDAPPA

MD

01/07/2011

Electronic Signature of Signing Officer or Director

Date