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: STANLEY F. CARTER

Electronic Signature of Signing Officer/Director Detail

OFFICER

01/22/2016

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019762

Entity Name: APOLLO HOME HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

1401 SE GOLDTREE DRIVE SUITE 101 PORT ST. LUCIE, FL 34952

Current Mailing Address:

3105 S MERIDIAN AVENUE OKLAHOMA CITY, OK 73119 US

FEI Number: 06-1680127

Name and Address of Current Registered Agent:

ALLIED HEALTH CARE CORPORATION 2700 W CYPRESS CREEK RD SUITE B-100 FT LAUDERDALE, FL 33309 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: BRAD CARTER

Electronic Signature of Registered Agent

Officer/Director Detail :

TitlePRESIDENTNameCARTER, STANLEYAddress3105 S MERIDIAN AVENUECity-State-Zip:OKLAHOMA CITY OK 73119

Certificate of Status Desired: No

01/22/2016

Date

Date