

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000128982

**Entity Name:** APOGEE HEALTH CARE, INC

**Current Principal Place of Business:**

5300 W. ATLANTIC AVE., STE 303  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5300 W. ATLANTIC AVE., STE303  
DELRAY BEACH, FL 33484 US

**FEI Number:** 26-1510453

**Certificate of Status Desired:** No

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

GALANG, NILO D  
5300 W. ATLANTIC AVE., STE303  
DELRAY BEACH, FL 33484 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

Date

**Officer/Director Detail :**

Title P  
Name GALANG, NILO D  
Address 5300 W. ATLANTIC AVE., STE 303  
City-State-Zip: DELRAY BEACH FL 33484-8100

Title VP  
Name GALANG, MARIA  
Address 5300 W. ATLANTIC AVE., STE 303  
City-State-Zip: DELRAY BEACH FL 33484

*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:** NILO GALANG

P

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date