

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000082453

**Entity Name:** APOGEE MEDICAL GROUP, FLORIDA, INC.

**Current Principal Place of Business:**

2525 EAST CAMELBACK ROAD, SUITE 1100  
PHOENIX, AZ 85016

**Current Mailing Address:**

2525 EAST CAMELBACK ROAD, SUITE 1100  
PHOENIX, AZ 85016

**FEI Number: 27-1072837**

**Certificate of Status Desired: Yes**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 D  
Name GREGORY, MICHAEL W  
Address 2525 EAST CAMELBACK ROAD, SUITE  
1100  
City-State-Zip: PHOENIX AZ 85016

*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: MICHAEL W GREGORY**

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date