

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000020833

**Entity Name:** APOLLO MEDICAL BILLING SERVICES INC.

**Current Principal Place of Business:**

8200 NW 27TH STREET, SUITE 108  
DORAL, FL 33122

**Current Mailing Address:**

8200 NW 27TH STREET, SUITE 108  
DORAL, FL 33122

**FEI Number:** 14-1941024

**Certificate of Status Desired:** No

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

SEDA, RICHARD L DPM  
8200 NW 27 ST STE 108  
DORAL, FL 33122 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:** RICHARD L SEDA

03/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	TD
Name	HOCHMAN, RICHARD	Name	DETWEILER, MICHELLE
Address	8200 NW 27TH STREET, SUITE 108	Address	8200 NW 27TH STREET, SUITE 108
City-State-Zip:	DORAL FL 33122	City-State-Zip:	DORAL FL 33122

*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:** MICHELLE DETWEILER

DPM

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date