

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012796

Entity Name: APOLLO MEDICAL GROUP, P.A.

Current Principal Place of Business:

3535 LITTLE ROAD
NEW PORT RICHEY, FL 34655

Current Mailing Address:

3535 LITTLE ROAD
NEW PORT RICHEY, FL 34655

FEI Number: 59-3554382

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

MEDICAL DIRECTOR

01/10/2019

Electronic Signature of Signing Officer/Director Detail

Date