

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000012796

**Entity Name:** APOLLO MEDICAL CENTER, 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:** JAY CHOWDAPPA

**REGISTERED AGENT**

**03/25/2013**

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

\_\_\_\_\_  
Date