

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024521

**Entity Name:** APOLLO MEDICAL SERVICES, LLC

**Current Principal Place of Business:**

419 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

419 APOLLO BEACH BLVD  
APOLLO BEACH, FL 33572 US

**FEI Number:** 26-2102184

**Certificate of Status Desired:** No

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

WILLIAMS, WILLIAM CHARLES  
1002 SONATA LANE  
APOLLO BEACH, FL 33572 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:** WILLIAM C. WILLIAMS

03/15/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name WILLIAMS, BILL  
Address 1002 SONATA LN  
City-State-Zip: APOLLO BEACH FL 33572

Title MGRM  
Name RANKIN, LLC  
Address 1006 SYMPHONY ISLES BLVD  
City-State-Zip: APOLLO BEACH FL 33572

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM C. WILLIAMS

OWNER

03/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date