

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000081216

Entity Name: APOLLO MEDICAL CENTER, LLC

Current Principal Place of Business:

701 S HOWARD AVE
106-402
TAMPA, FL 33606

Current Mailing Address:

701 S HOWARD AVE
106-402
TAMPA, FL 33606 US

FEI Number: 45-2993145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LACINA, FRANCIS J
701 S HOWARD AVE
106-402
TAMPA, FL 33606 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

Authorized Person(s) Detail :

Title MGR
Name LACINA, FRANCIS JDO
Address 701 S HOWARD AVE
106-402
City-State-Zip: TAMPA FL 33606

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS J LACINA

MGR

04/02/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date