

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000081216

Entity Name: APOLLO MEDICAL CENTER, LLC

Current Principal Place of Business:

10773 NW 58TH STREET
#215
DORAL, FL 33178

Current Mailing Address:

10773 NW 58TH STREET
#215
DORAL, FL 33178 US

FEI Number: 45-2993145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LACINA, FRANCIS J
10773 NW 58TH STREET
#215
DORAL, FL 33178 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 10773 NW 58TH STREET
#215
City-State-Zip: DORAL FL 33178

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: FRANCIS J LACINA

MGR

04/13/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date