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.

MGR

SIGNATURE: MARK PRICE

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000119074

Entity Name: APOGEE HEALTH MANAGEMENT, LLC

Current Principal Place of Business:

999 PONCE DE LEON BLVD SUITE 650 CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BLVD SUITE 650 CORAL GABLES, FL 33134 US

FEI Number: 83-4601586

Name and Address of Current Registered Agent:

AXIAL MANAGEMENT SERVICES, LLC 999 PONCE DE LEON BLVD. SUITE 650 CORAL GABLES, FL 33134 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

Authorized	Person(s	s) Detail :
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Title	AMBR	Title	MGR	
Name	HEALTHCARE CAPITAL GROUP, LLC	Name	AXIAL MANAGEMENT SERVICES, LLC	
Address	999 PONCE DE LEON BLVD., STE 650	Address	999 PONCE DE LEON BLVD., STE 650	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

Certificate of Status Desired: No

FILED Apr 06, 2021 Secretary of State 4197757651CC

Date

04/06/2021