

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000494279

Entity Name: APOLLO MEDICAL GROUP OF OCALA LLC

Current Principal Place of Business:

8437 BELL OAKS DR
#119
NEWBURGH, IN 47630

Current Mailing Address:

8437 BELL OAKS DR
#119
NEWBURGH, IN 47630 US

FEI Number: 93-4155370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES INC
515 EAST PARK AVENUE 2ND FL 2
TALLAHASSEE, FL 32301 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 AMBR
Name APOLLO HEALTHCARE HOLDINGS
 LLC
Address 8437 BELL OAKS DR #119
City-State-Zip: NEWBURGH IN 47630

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: ROBIN VAN SPRUNDEL

**DIRECTOR OF
ADMINISTRATION**

03/20/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date